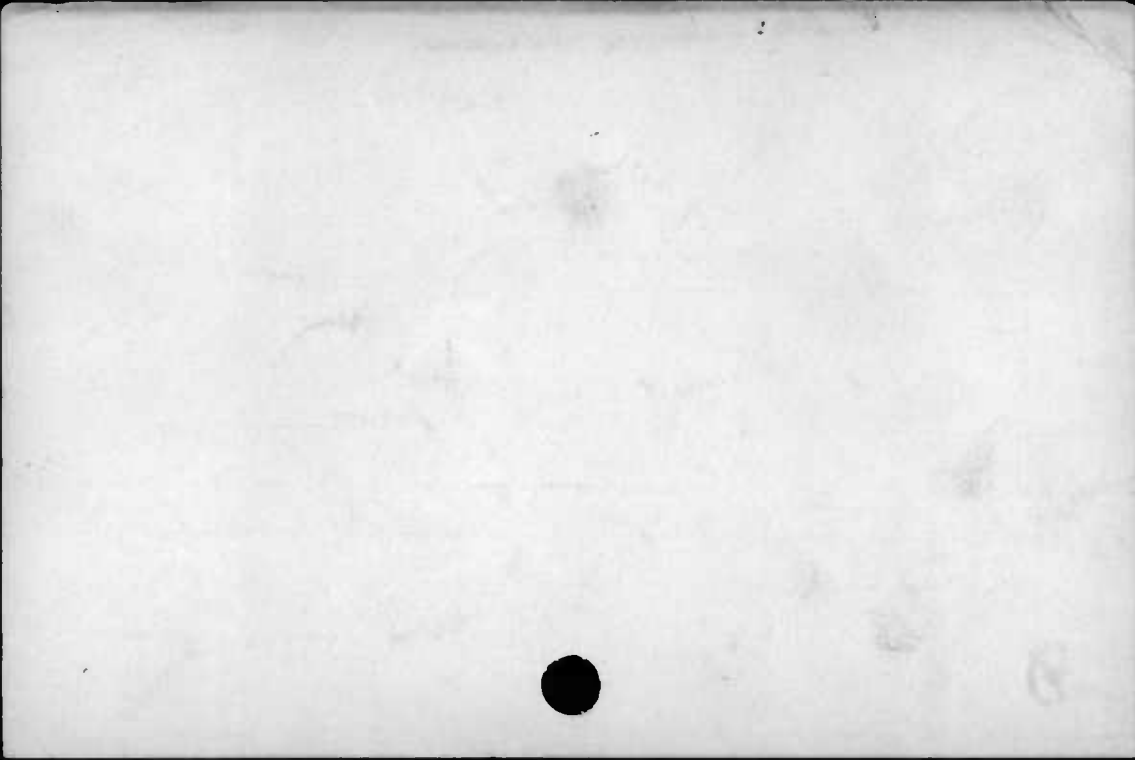


Name in Full		CERTIFICATE OF DEATH			
Barbara E. alder		Town		County	
Died at		Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months
1907		1	7	48	2
Sex		Color or Race		Days	
Female		White		10	
Occupation		Birth-place		nd.	
House wife		nd.		nd.	
Where Residing if not at place of death		nd.		nd.	
Married, Single or Widowed		Name of Wife or Husband		nd.	
Married		B. F. alder		nd.	
Father's Name		Father's Birthplace		nd.	
Charles Bottom		nd.		nd.	
Mother's Maiden Name		Mother's Birthplace		nd.	
Phoebe Harris		nd.		nd.	
Name of person giving information		How related to deceased		nd.	
Lillian F. alder		Daughter		nd.	
CAUSES OF DEATH					
Primary		How long		nd.	
Pulmonary Tuberculosis		1 year		nd.	
Immediate		How long		nd.	
Heart Failure		2 days		nd.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		nd.	
Yes		D. H. Rush, M.D.		nd.	
Address		Breckleysville		nd.	
Accident or Suicide?		nd.		nd.	



Name
in
Full

Wigner Francis Andrew
 Town *Andover* County *Baltimore*

CERTIFICATE OF DEATH

MARYLAND

Died at *Andover*
 Date of death *1907* Month *Jan* Day *18* Age *1* Years Months *3* Days *21*

Sex *male* Color or Race *white* Birth place *Sterenson PO Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *Samuel C. Andrew*

Father's Birthplace *Barford Co Md*

Mother's Maiden Name *Olivia R. James*

Mother's Birthplace *Barford Co Md*

Name of person giving information *Mrs F. C. Andrew*

How related to deceased *brother*

CAUSES OF DEATH

Primary *Malnutrition, Croup, Asthma* How long *all life*

Immediate *Asthma* How long *one year*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William J. Ford*

Address *W. Washington St*

Accident or Suicide?

John Burns Sons

Burial

Camp Chapel

Name
in
Full

JAN 3 1907

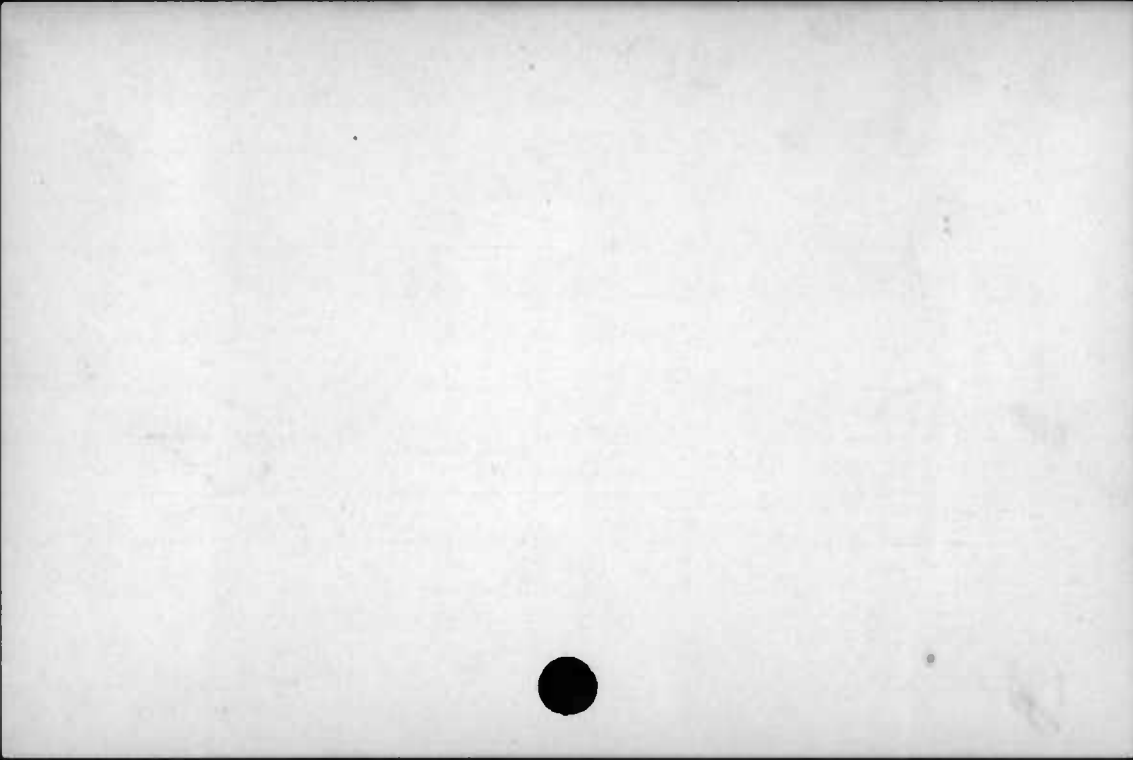
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phila</i> ^{Town}		<i>B. & 11th</i> ^{County}		<i>Balto</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>11</i>	Years <i>58</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Orangetown</i>				
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>	How long <i>4 day</i>
	Immediate <i>Cerebral hemorrhage</i>	How long <i>1</i>
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <i>H. S. Kanner M.D.</i>	
Address <i>1124 Highland</i>		
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

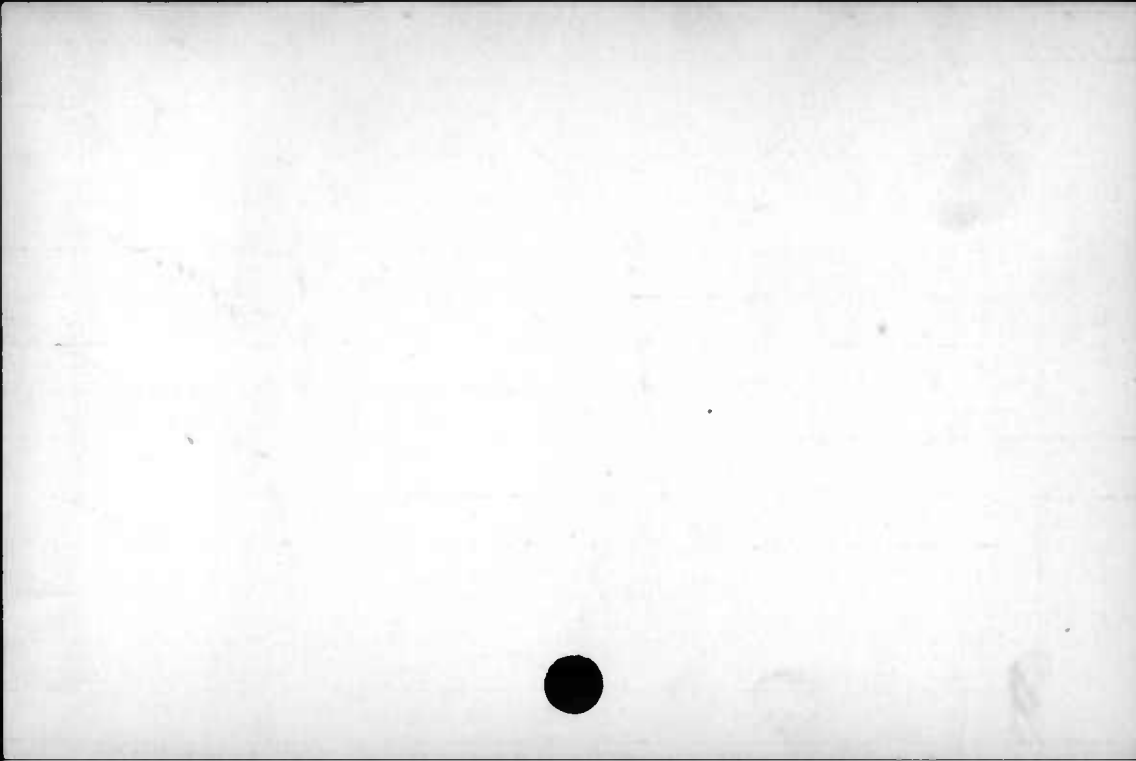
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{town}		<i>Baltimore</i> ^{city}		MARYLAND	
Date of death	1907	Month	July	Day	16
Age	56	Years	5	Months	6
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Laborman.	Where Residing if not at place of death	815. Hare St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Caroline Badke		
Father's Name	Mr. Badke	Father's Birthplace	Germany		
Mother's Maiden Name	Mrs. Badke	Mother's Birthplace			
Name of person giving information	Caroline Badke	How related to deceased	wife		

CAUSES OF DEATH

Primary	Natural	How long	4 hours.
Immediate	Neuralgia of the Heart	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	PA Dunningan
		Address	203 Toone St Crown
Accident or Suicide?			Natural

PHYSICIAN
OR CORONER
PA Dunningan



Name
in
Full

Dr. Abraham S. Baldwin

CERTIFICATE OF DEATH

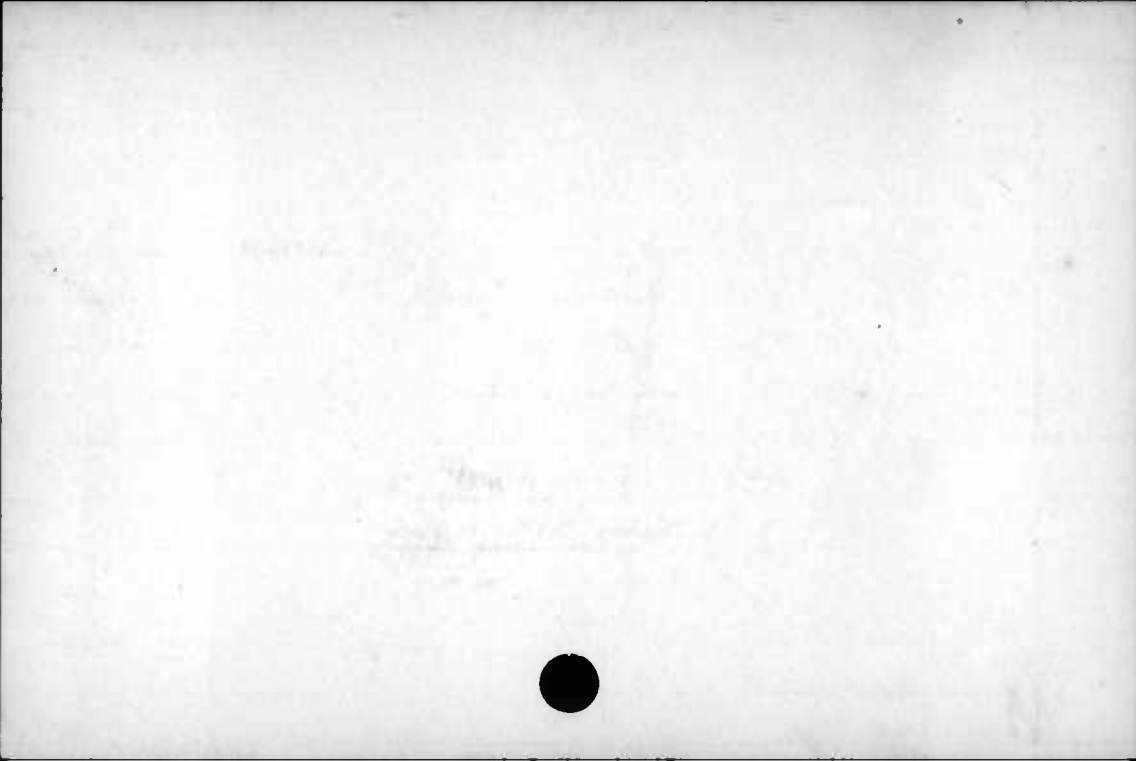
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baldwin</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month}	<u>Jan</u> ^{Day}	Age	<u>81</u> ^{Years}	<u>Months</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Harford Co.</u>
Married, Single or Widowed	<u>married</u>	Occupation	<u>Physician</u>		
Name of Wife husband	<u>Mrs. Martha Baldwin</u>				
Father's Name	<u>S. Baldwin</u>			Father's Birthplace	<u>Harford Co.</u>
Mother's Maiden Name	<u>& unknown</u>			Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>Clarence E. Baldwin</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralyzed</u>	How long	<u>2 years</u>
Immediate	<u>24 hours</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. E. H. Davis</u>
		Address	<u>Pleasantville</u>
			<u>Harford, Co.</u>
Accident or Suicide? <u>8</u>			



Name
in
Full

Gustaf Bayless

CERTIFICATE OF DEATH

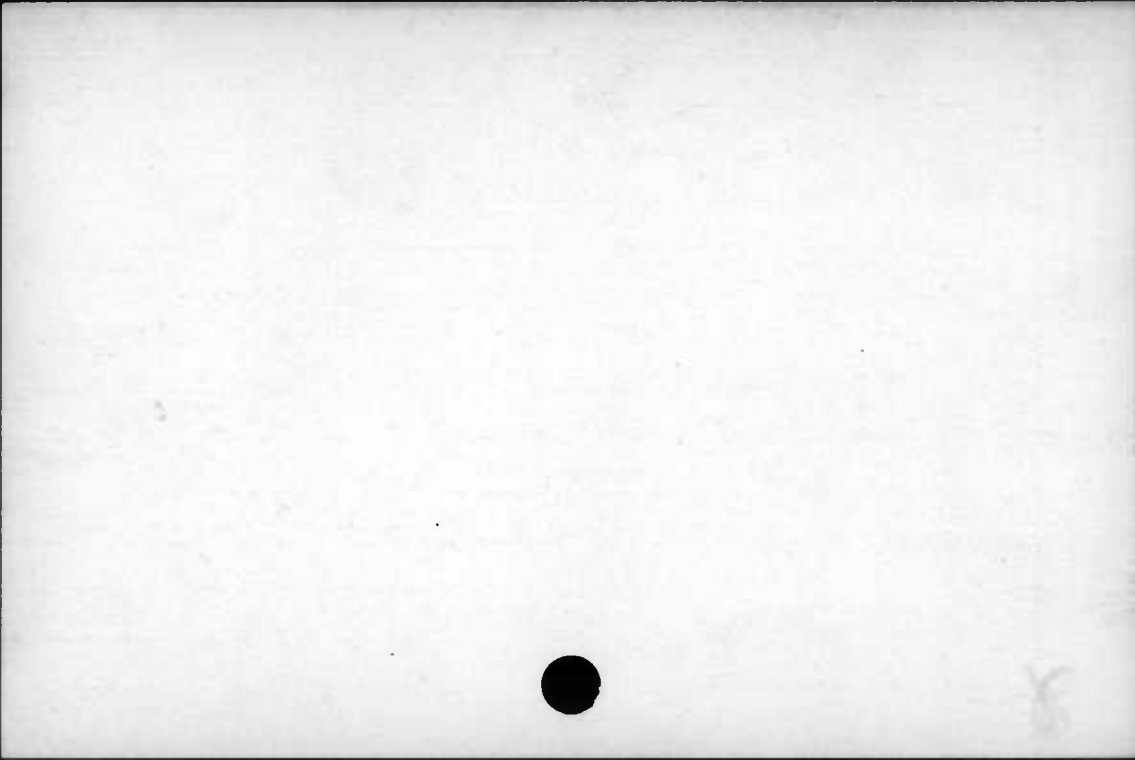
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chase</u> Town		<u>Bach</u> County		MARYLAND	
Date of death	1907	Month	July	Day	30
Age		82		Years	
Sex	Male		Color or Race	White	
Occupation	Merchant		Birth-place	Ind	
Where Residing if not at place of death					
Married, Single or Widowed	Unmarried		Name of Wife or Husband		
Father's Name	Nicholas Bayless		Father's Birthplace	Mass	
Mother's Maiden Name	Susan Stone		Mother's Birthplace	Ind	
Name of person giving information	Harry Bayless		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Grip</u>	How long	10 days
Immediate	<u>Eis chancin</u>	How long	few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John W. Harrison M.D.	
		Address	
		Middle River	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i>		Town <i>Baets</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Jacob Bayne</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Katharine White</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>Jacob Bayne</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Clamporia</i>	How long <i>1 1/2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>C. V. Mace</i>
	Address <i>Rossville Md</i>
Accident or Suicide?	



Name
in
Full

Not named

Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shawano</u>		Town		<u>Beard</u>		County		MARYLAND	
Date of death <u>1907</u>		Month <u>1</u>		Day <u>17</u>		Age <u>1</u>		Years <u>1</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Shawano Md</u>		Months		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <u>J. Edward Beard</u>				Father's Birthplace <u>Memphis Tenn</u>					
Mother's Maiden Name <u>Charlena Johnson</u>				Mother's Birthplace <u>Oregon Md</u>					
Name of person giving information <u>"</u>				How related to deceased <u>Mother</u>					

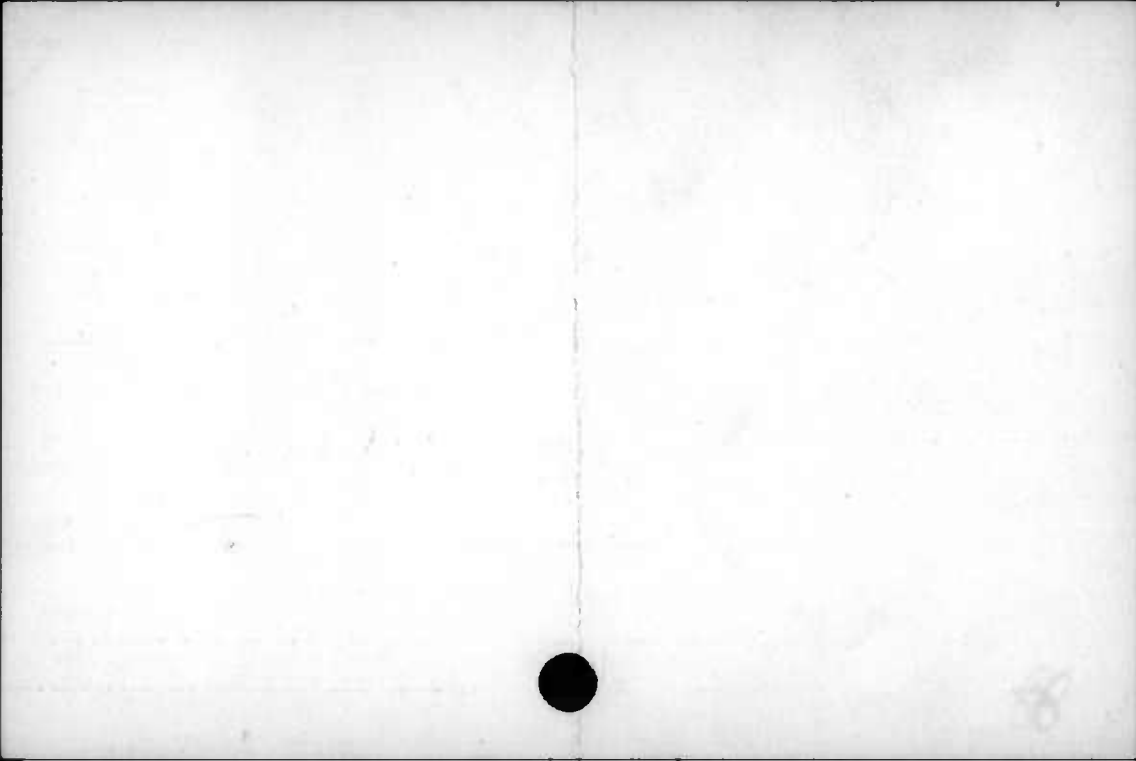
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Impetigo decore of foramen</u>		How long <u>24 hours</u>	
Immediate <u>Hemorrhage of lungs</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Brach Md</u>	
		Address <u>Beulah Md</u>	
Accident or Suicide?			



Name in Full Lillian R. Beckford		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cockeysville Town		Balto County
	Date of death 1907 Month Jan Day 26		Age 47 Years Months X Days X
	Sex Female	Color or Race White	Birth-place Balto Co
	Occupation Home wife	Where Residing if not at place of death Cockeysville	
	Married, Single or Widowed Single	Name of Wife or Husband Walter P. Beckford	
	Father's Name Chenoweth Bradford	Father's Birthplace Balto Co	
	Mother's Maiden Name Barbara Emory	Mother's Birthplace Balto city	
Name of person giving information Walter P. Beckford	How related to deceased Husband		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 18 Months	
	Immediate Pulmonary Tuberculosis	How long 18 Months	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr B. P. Branson	
	Address Cockeysville Md		
Accident or Suicide? Neither			



Name
in
Full

Ambrose Behn

JAN 4 1907

CERTIFICATE OF DEATH

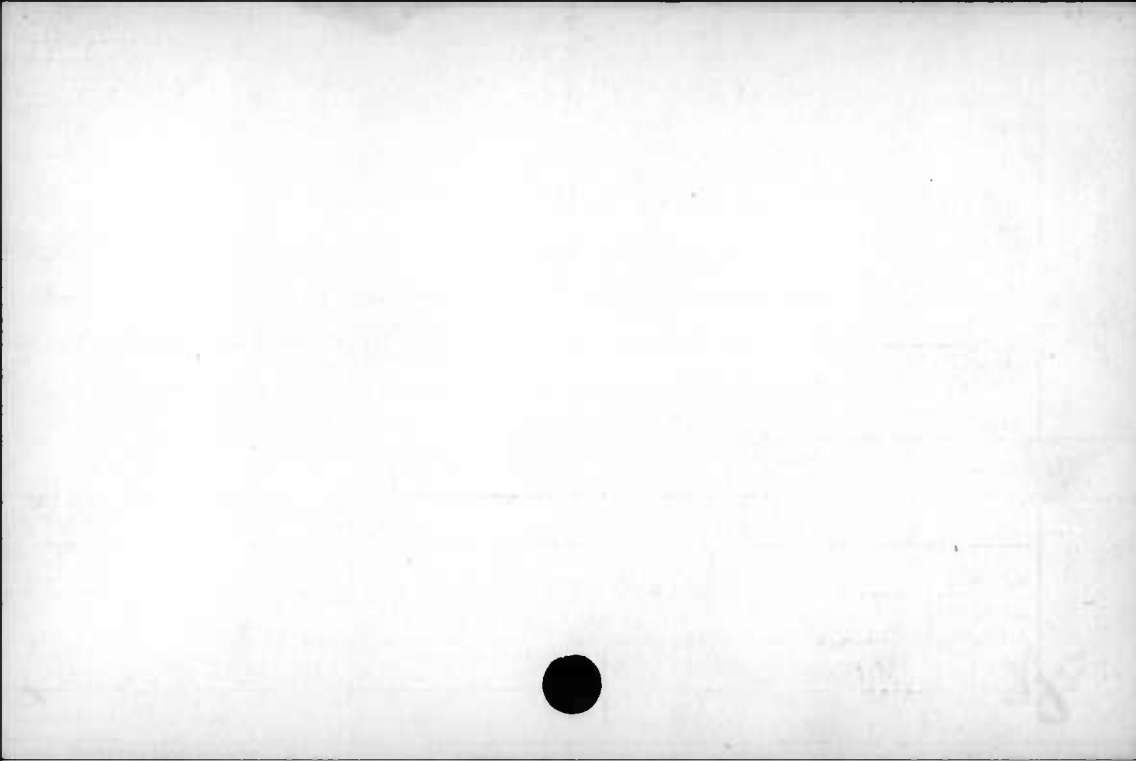
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Turners Sta</i>		Town <i>Baltimore</i>		City <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Jan'y</i>	Day <i>15</i>	Age <i>42</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>					
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>2103 E Chase</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving information <i>Lizzie Kayer</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Natural</i>	How long <i>19</i>
Immediate <i>Heart Disease</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. A. Dymigan</i>
	Address <i>203 Tenth St. Baltimore</i>
Accident or Suicide? <i>Natural</i>	



Name
in
Full

Elijah T Benson

CERTIFICATE OF DEATH

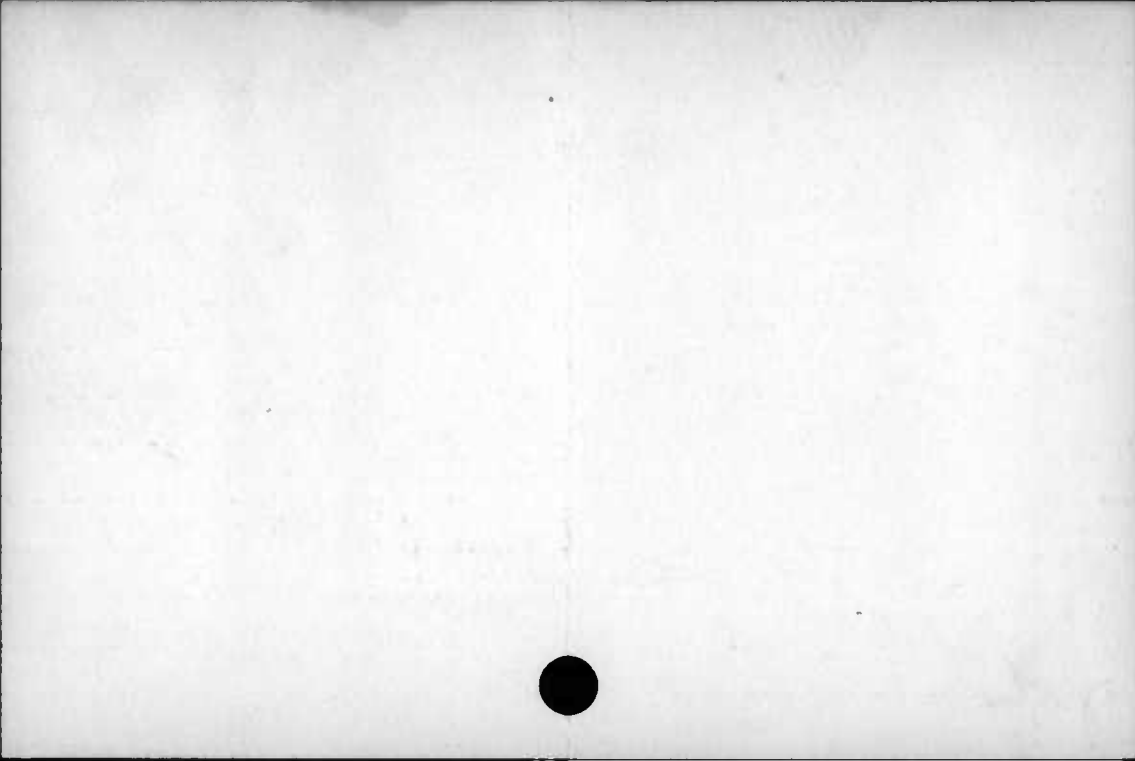
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arcadia</i> Town			<i>Baltimore</i> County			MARYLAND	
Date of death 190 <i>7</i>	Month <i>1</i>	Day <i>14</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Wife, nee Rebecca Fowble</i>							
Father's Name <i>Elijah Benson</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Margaret Fowble</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Neighbor</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>4 days</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Wilson M.D.</i>
<i>X</i>	Address <i>Fowblesburg Md.</i>
Accident or Suicide?	



Name
in
Full

JAN 5 1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i>		<i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	7	Day	23
Age		Years		Months	
Sex		Color or Race		Birth-place	
Male		white		Md	
Occupation			Where Residing if not at place of death		
			North Point		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
B. F. Benton		Md			
Mother's Maiden Name		Mother's Birthplace			
D. Celia Benton		"			
Name of person giving information		How related to deceased			
B. F. Benton		Father			

CAUSES OF DEATH

Primary	<i>Accident</i>	How long	<i>30 minutes</i>
Immediate	<i>Suffocation</i>	How long	<i>30 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		<i>P. A. Dunning</i>	
smothered in bed by lying on his face		Address	
Accident - Guilt?		<i>203 Joone St</i>	
<i>Accident</i>		<i>Coroner</i>	

PHYSICIAN
PROSECUTOR
P. A. Dunning



Name
in
Full

CERTIFICATE OF DEATH

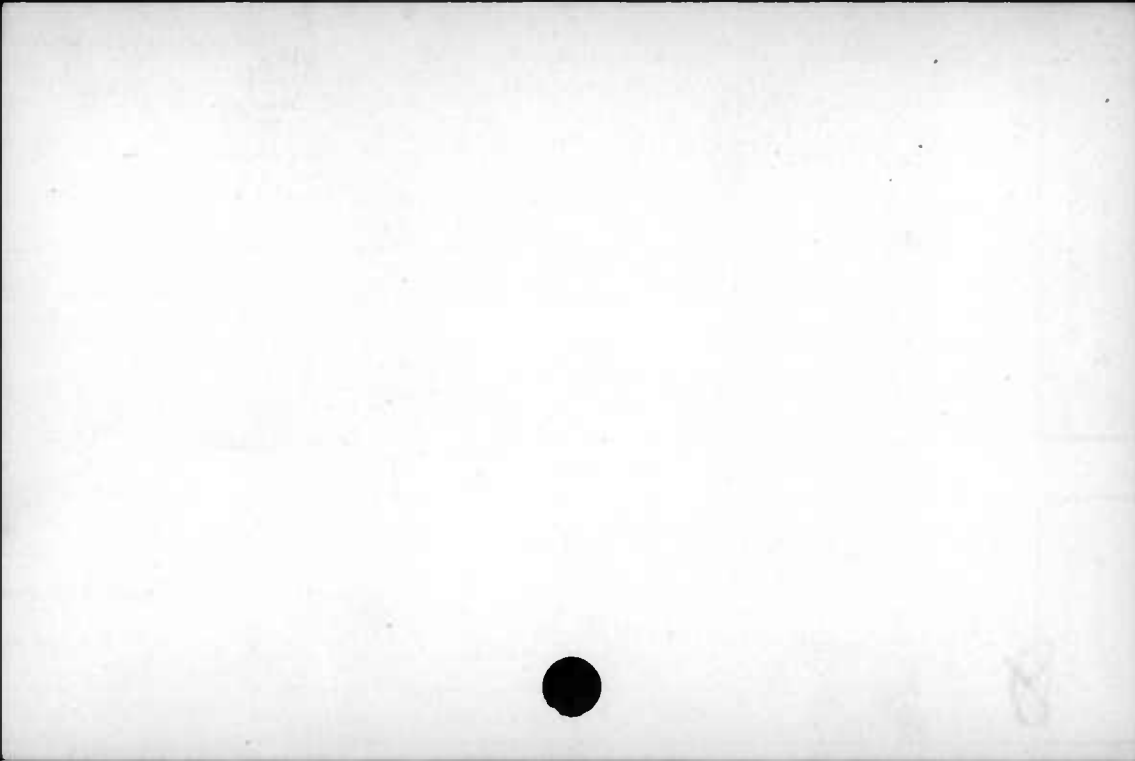
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Katherine Bergman.		Town Stagles Hospital		County Balto.		State MARYLAND	
Died at Stagles Hospital		Month Jan		Day 1		Years 42	
Date of death 1907		Months —		Days —			
Sex Female		Color or Race White		Birthplace Germany			
Occupation Housewife		Where Residing if not at place of death 343 Beulah St.					
Married, Single or Widowed Widowed		Name of Wife or Husband Geo Main Hart		Father's Birthplace Germany			
Father's Name Geo Main Hart		Mother's Maiden Name Maggie Kulek.		Mother's Birthplace Germany			
Name of person giving information Occurred				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Empyema.	How long 18
Immediate Excess	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr Shaw
	Address Stagles Hospital
Accident or Suicide? 8	



Name
in
Full

Laura Francis Berry

CERTIFICATE OF DEATH

Died at *Sharon* Town*Baltimore* County

MARYLAND

Date of death *1907 Jan.*Day *28*Age *47*Months *5*Days *1*

Sex

*Female*Color or
Race*colored*Birth-
place*Maryland*

Occupation

*Housewife*Where Residing if not
at place of death*✓*Married, Single
or Widowed*married*Name of Wife or
Husband*Alexander Berry*Father's
Name*John Gorans*Father's
Birthplace*Ind.*Mother's
Maiden Name*Susan Ames*Mother's
Birthplace*Ind.*Name of person giving
Information*Nilton Berry*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Tubercular ulcers of Intestines

How long

10 weeks

Immediate

2 weeks

How long

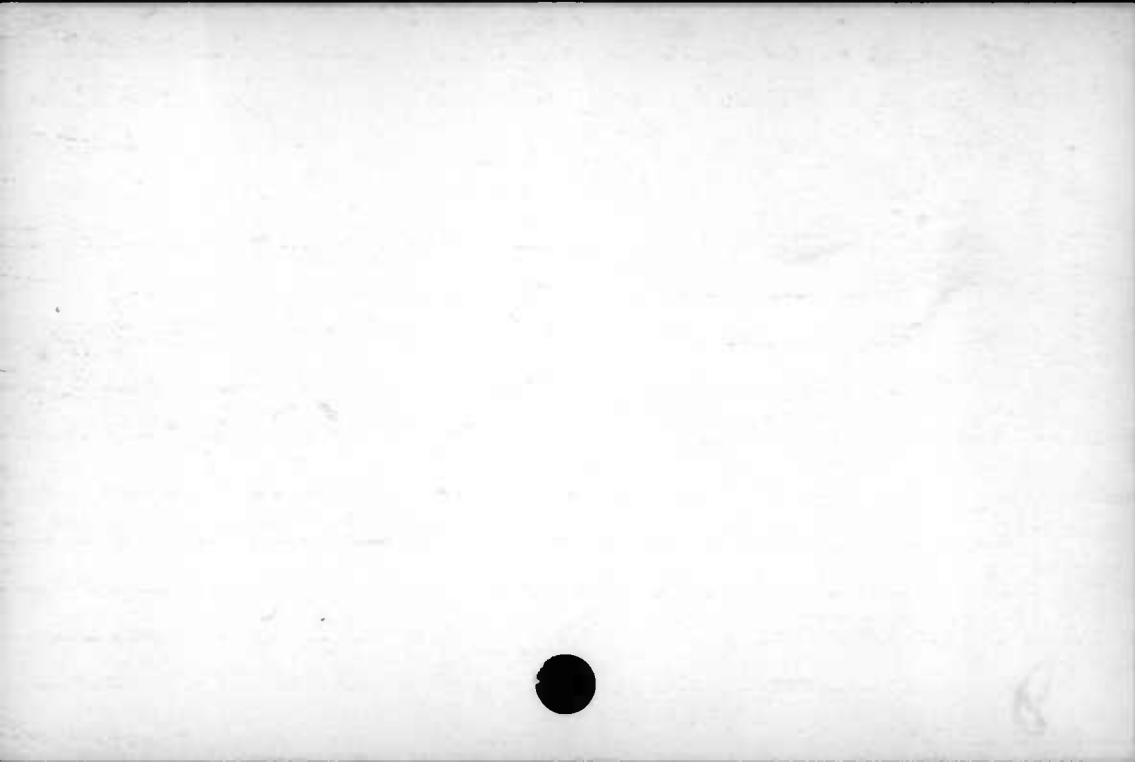
*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. Milled Stirling*

Address

Sharon Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

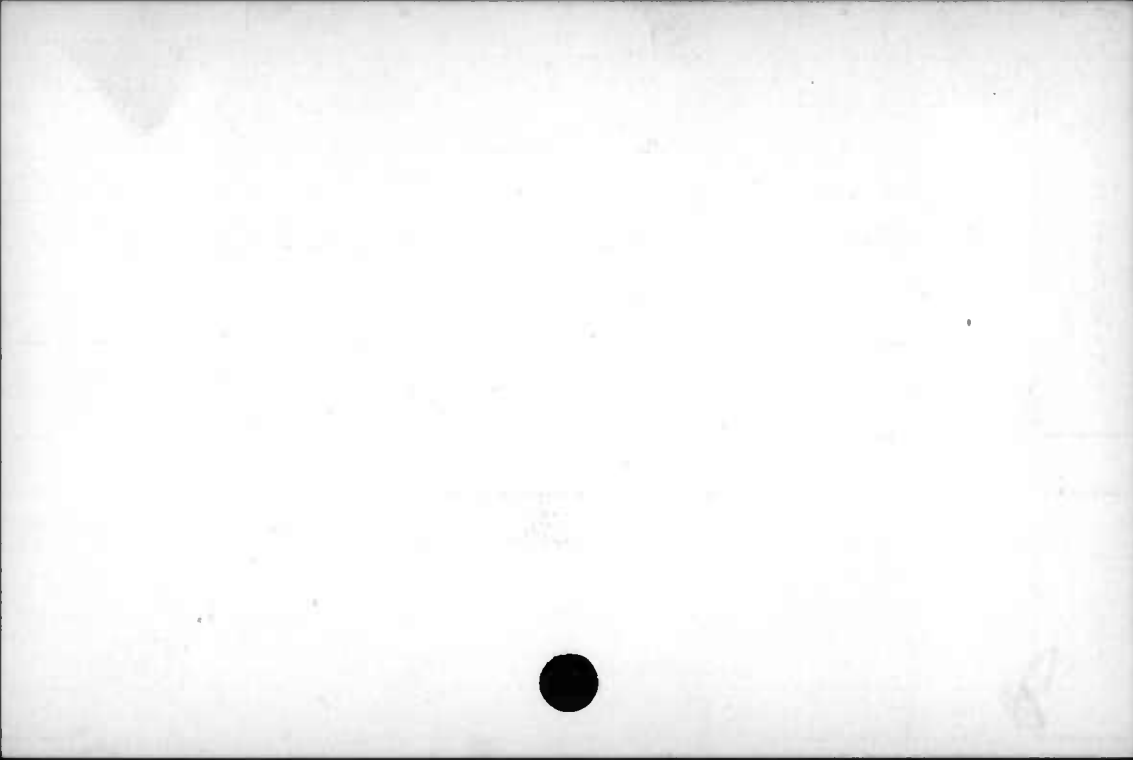
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>28th</i>	Years <i>Age abt 52</i>	Months <i>unknown</i>	Days <i>unknown</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Wife of Farmer</i>			Where Residing if not at place of death <i>Boring P.O., Balto Co Md.</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Reed, Mt Hope Retreat</i>		How related to deceased <i>What all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Terminal Dementia - Post Op. Mania</i>	How long <i>over 17 years</i>
Immediate <i>Cardiac Paralysis -</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat - Balto Co. Md.</i>
Accident or Suicide? <i></i>	



Name in Full		Mara Boettigheimer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	West Arlington		Baltimore					
	Date of death		1907	Month	Jan	Day	7	
	Age		39		Years	Months	6	
	Sex	Female		Color or Race	White		Birth-place	Norfolk Va.
	Occupation	Salvage		Where Residing if not at place of death				West Arlington
	Married, Single or Widowed	Single		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Josiah Boettigheimer		Father's Birthplace		Germany	
	Mother's Maiden Name		Hermette Blumlein		Mother's Birthplace		Germany	
	Name of person giving information		Mamie Boettigheimer		How related to deceased		Sister	
	CAUSES OF DISEASE							
PHYSICIAN OR CORONER	Primary		Cystitis		How long		3 1/2 years	
	Immediate		Tuberculosis of Left Kidney		How long		6 months	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. B. (illegible)	
					Address		Arlington	
	Accident or Suicide?							

Operated on Feb 3-3 1/2 Geo

Jacob Ahrens Co —

Har Saini Cemetery

Name
in
Full

CERTIFICATE OF DEATH

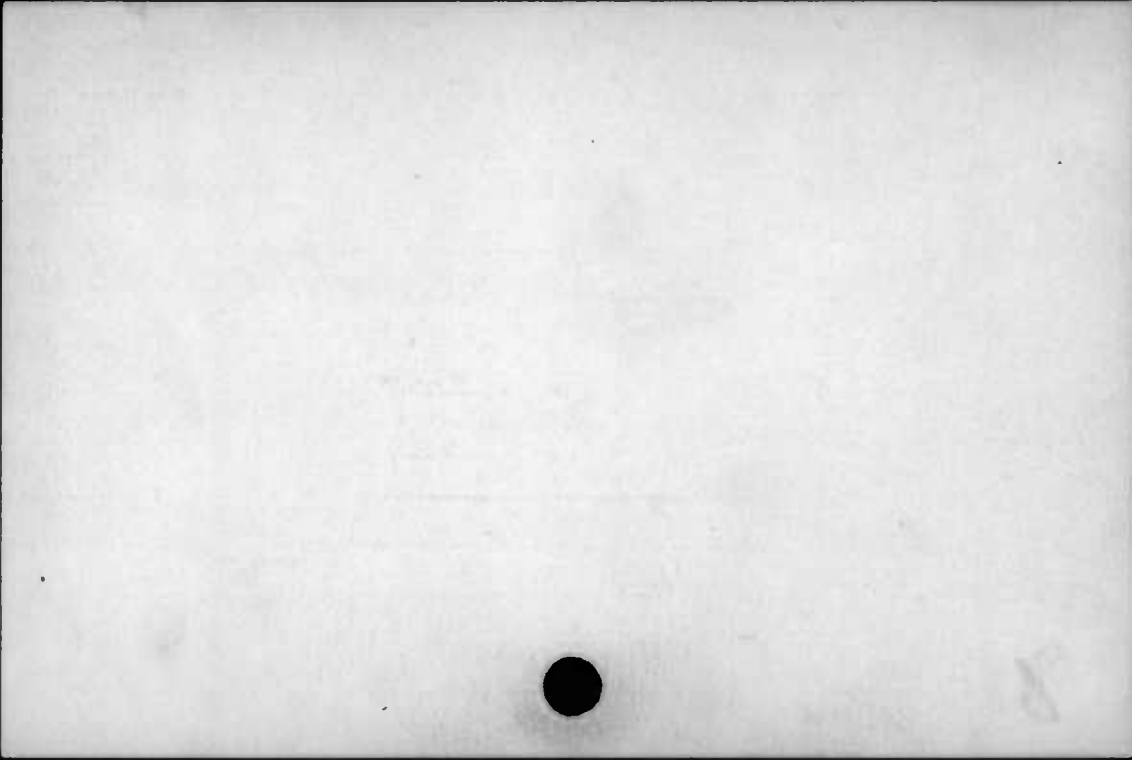
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Louisa</i> Town <i>Baldwin</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>Aug</i> Day <i>6</i> Age <i>4</i> Years Months <i>3</i> Days <i>5</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baldwin</i>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John P. Blaylock</i>	Father's Birthplace <i>Baldwin</i>		
Mother's Maiden Name <i>Ella May Blaylock</i>	Mother's Birthplace <i>Baldwin</i>		
Name of person giving information <i>John P. Blaylock</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>diphtheria</i>	How long <i>6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i> Jas L. Gayle</i>
Accident or Suicide? <i>—</i>	Address <i>New Freedom, Pa.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Glyndon</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Jan</i>	Day	<i>10</i>
Age		<i>still born</i>		Years	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto co Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Agustas Boltay</i>			Father's Birthplace	<i>Balto. co. Md</i>
Mother's Maiden Name	<i>Florence Walter</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Elmer Walter</i>			How related to deceased	<i>uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>X</i>
Immediate	<i>"</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thornhill</i>	
		Address	
		<i>Glyndon</i>	
Accident or Suicide?			



Name
in
Full

Susanna Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND		
Date of death 190 <i>7</i> ^{Month}		<i>1</i> ^{Day}	<i>31</i> ^{Age}	<i>66</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>12 Ave & 8th Canton</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>J. Oliver Bowers</i>				
Father's Name <i>Ed. North</i>		Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Matilda Brown</i>		Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Sam'l O Bowers</i>		How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Warner</i>	
<i>8</i>	Address <i>1120 Highland Ave.</i>	
Accident or Suicide? <i>no</i>		

Mr. Carmel Kern.
Hernig & Son
2008 Orleans St.
2/2/07

Name
in
Full

Elizabeth A Brayshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklinstown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>23</i>	Years <i>63</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Franklinstown</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Rich Ky Circle</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John P. Brayshaw</i>				
Father's Name <i>Joshua Zimmerman</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Elizabeth Skurrier</i>	Mother's Birthplace <i>Balto Co</i>				
Name of person giving information <i>William Brayshaw</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Carcinoma of Uterus</i>	How long <i>2 years</i>
Immediate <i>Carotid Arterial</i>	How long <i>2 hours</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. C. Smirick

Address

*Woodburn Sta Md.*Accident or Suicide? *—*

Lorraine Cemetery
January 25/95
Joe B Cook

Name

in
Full

CERTIFICATE OF DEATH

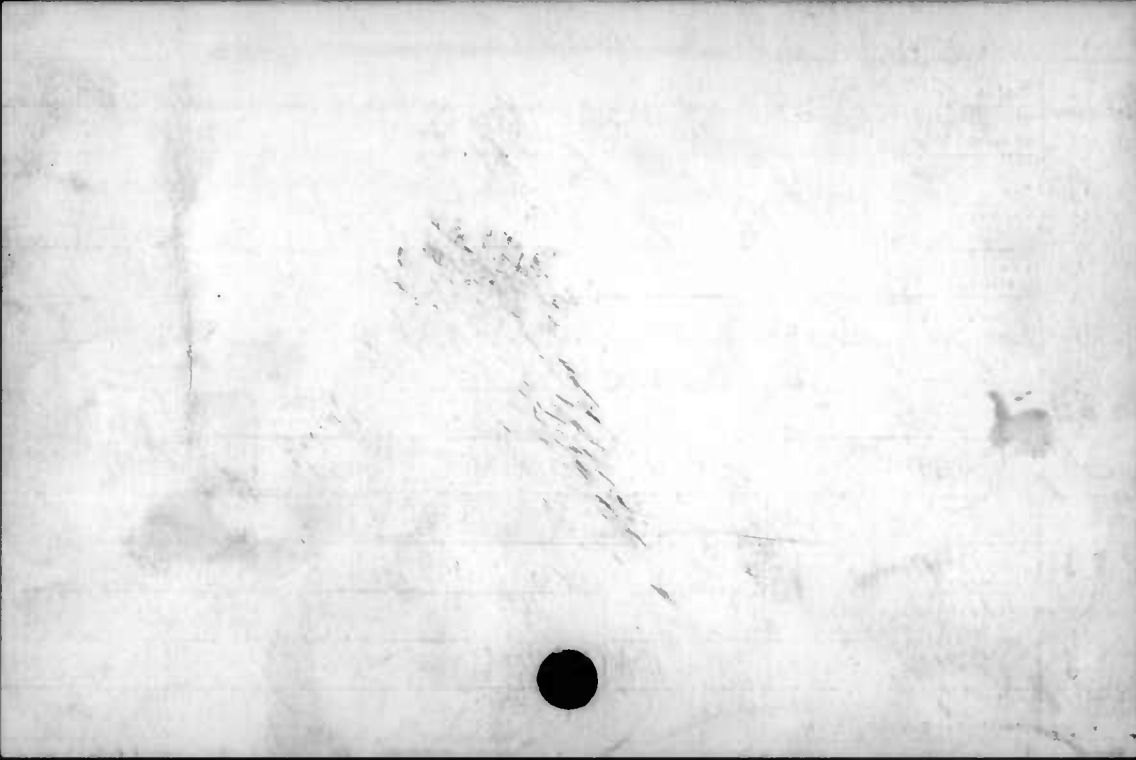
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Seward Briggs</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>1023 S. Clinton St. Canton</i>		Date of death <i>1907 Jan 28</i>		Age <i>24</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1823 S. Clinton St. Canton</i>		Months <i>2</i> Days <i>10</i>	
Single <i>Widow</i>		Name of Wife or Husband <i>Benjamin Briggs</i>			
Father's Name <i>Benjamin Briggs</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Mollie</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Bernard</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>History of about 8 months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Rickard M.D.</i>
	Address <i>910 S. Canton St. Baltimore</i>
Accident or Suicide? <i>No</i>	



Name in Full *Lattie Beatrice Brooks*

CERTIFICATE OF DEATH

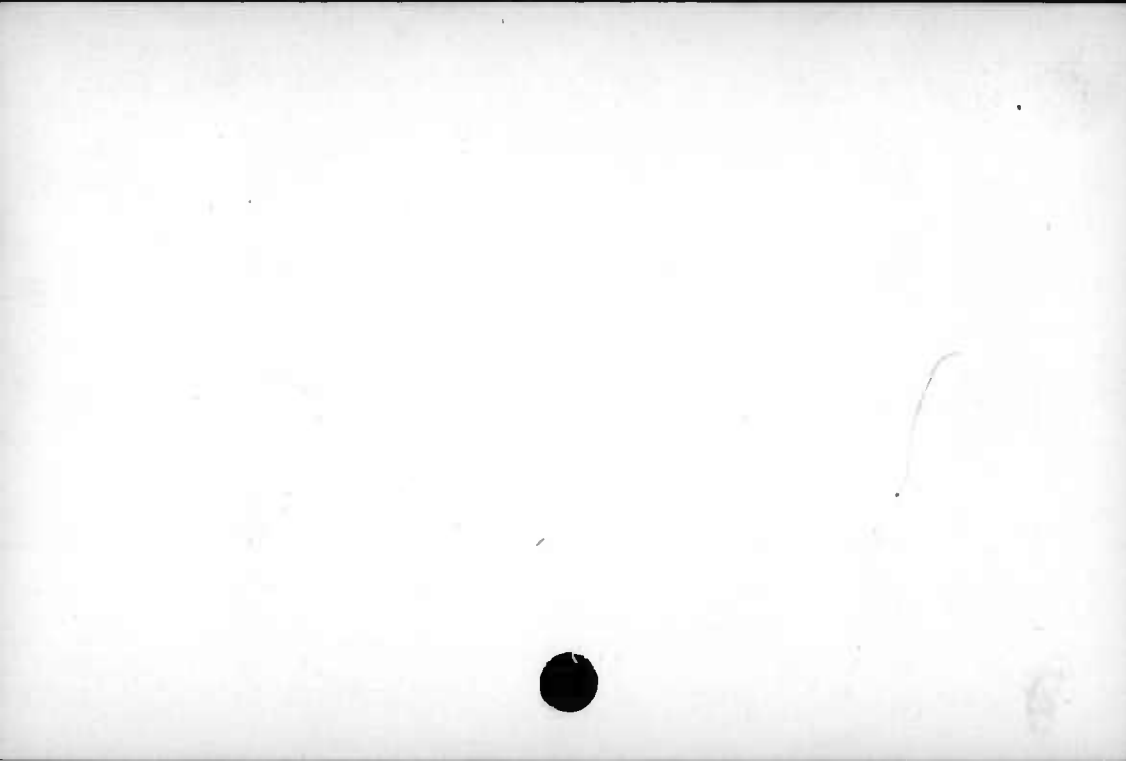
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halothorpe</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>27</i>	Age <i>4</i> Years	Months	Days
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Prince Geo. Co Md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>X</i>		Name of Wife or Husband			
Father's Name <i>Saulisbury Brooks</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary West</i>	Name of person giving information <i>Saulisbury Brooks</i>		How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Winterison</i>
	Address <i>Elkridge, Md.</i>
Accident or Suicide? <i>—</i>	



Name
is Full

Mary A Broome

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arlington		County Balls		MARYLAND	
Date of death		1907	Month 1	Day 30	Age 77	Months	Days
Sex Female		Color or Race white		Birth-place Balls			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Broome		Father's Birthplace England					
Mother's Maiden Name Frankia Miller		Mother's Birthplace Del.					
Name of person giving information John M Broome		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alumina	How long	Years.
Immediate	Convulsion (Paralytic)	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Address	
[Signature]		Arlington.	
Accident or Suicide?			

Mt Olivet Cem
Jos B Cook Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James M. Brown</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>1</i>		Day <i>8</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>1</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pikesville</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John M. Brown</i>		Father's Birthplace <i>Belt, G.</i>					
Mother's Maiden Name <i>Annie C. Cheney</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John M. Brown</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal nutrition</i>	(151)	How long <i>Since birth-</i>
Immediate <i>Exhaustion -</i>		How long <i>few days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>Henry A. Naylor -</i>	Address <i>Pikesville</i>
Accident or Suicide? <i>—</i>		<i>Md.</i>

Stone Chapel

Name
in
Full

James Brown JAN 6 1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	19	Day	Age about	65
Sex		Male		Color or Race		White	
Occupation		Unknown		Where Residing if not at place of death			
Married, Single or Widowed		Unknown		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace			
Mother's Maiden Name		Unknown		Mother's Birthplace			
Name of person giving information		Dr. Bussey		How related to deceased			

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Interment at St James
Monday Jan 21

W. C. Brooks

Name
in
Full

Thelma R. Brown

CERTIFICATE OF DEATH

Died at near ^{Town} Elliott City^{County} Balto.

MARYLAND

Date of death 1907 ^{Month} Jan ^{Day} 1 ^{Age} ^{Years} ^{Months} 2 ^{Days} ^{Birth-place} Maryland

Sex Female Color or Race white

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George B. Brown Father's Birthplace Maryland.

Mother's Maiden Name Grace R. Keen Mother's Birthplace Maryland

Name of person giving information Grace R. Brown How related to deceased Mother

CAUSES OF DEATH

Primary Mumps How long 1 month

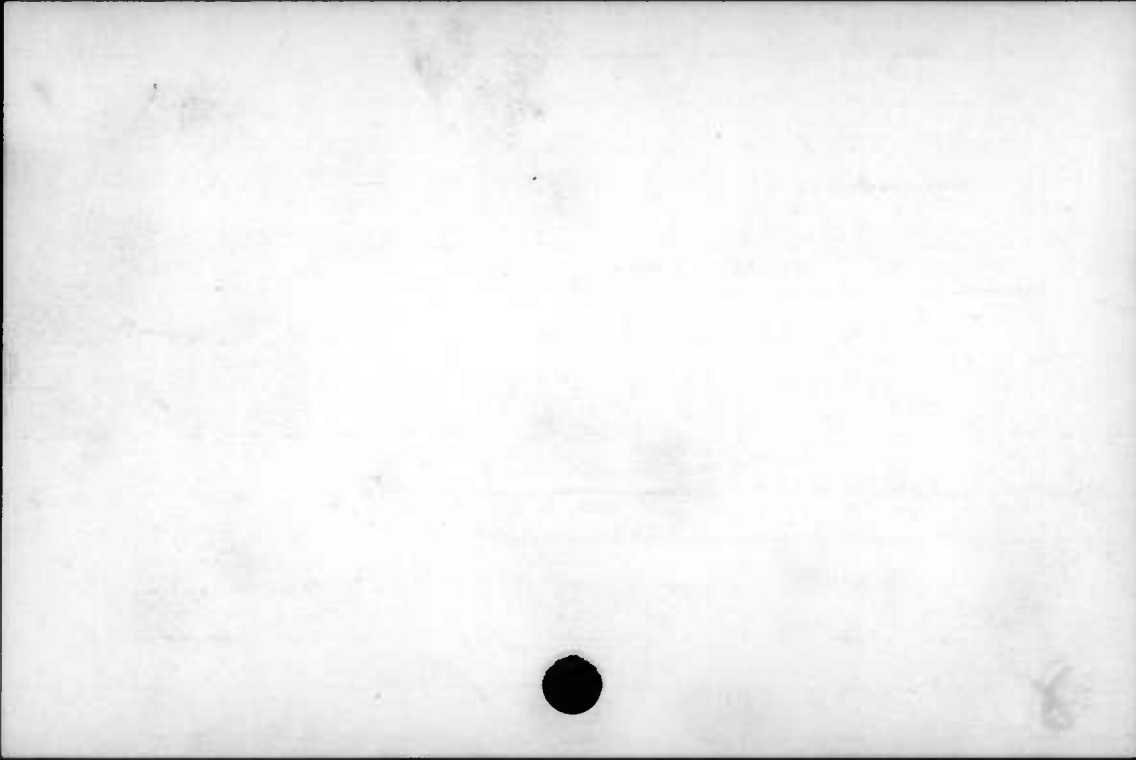
Immediate Permittion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. G. M. C. Smith

Address Elliott City

Accident or Suicide? ☒TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret - R. Bruns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dawson</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>1</u>	Day	<u>7</u>
Age	<u>55</u>	Years	<u>3</u>	Months	<u>25</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>York Co Pa</u>
Occupation	<u>Wife</u>	Where Residing if not at place of death <u>Dawson</u>			
Married, Single or Widowed	Name of Wife Husband <u>Joseph H. Bruns</u>				
Father's Name	<u>Paul Kunkel</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Mary Eva Kunkel</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Benj Bruns</u>			How related to deceased	<u>son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Myelitis - sermentia</u>	How long	<u>18 years</u>
	<u>Manicium - Exhaustion</u>		
Immediate	<u>Manicium - Exhaustion</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. C. Massenburg</u>	
<u>Yes</u>		Address <u>Dawson</u>	
Accident or Suicide?			

John Burns' Saw
Pawson

Burial
Monte Maria

Pawson

Name
in
Full

Eugene Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoch</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	1	Day	24
Age		48		Months	
Sex	Male	Color or Race	White	Birth-place	Balt. Co.
Occupation	Deputy Sheriff		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary J. Burke		
Father's Name	Nicholas Burke			Father's Birthplace	Balt.
Mother's Maiden Name	Sarah J. Shipley			Mother's Birthplace	Balt. Co.
Name of person giving information	Judge H. Chas Burke			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bulbar Paralysis	How long	3 1/2 years
Immediate	Adynamia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Mr. J. S. Shultz	
Address		Parkview Ind.	
Accident or Suicide?			

St Marys Govanston

Jan 28/07

H.C. Windfield

Name
in
Full

Wineford L. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Monroe Park

Town

County

Balto

Date

of death

1907

Month

January

Day

12

Age

Years

1

Months

2

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Wm P Burns

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Longard

Mother's
Birthplace

Md

Name of person giving
Information

Wm P Burns

How related
to deceased

Father

CAUSES OF DEATH

Primary

accident (Burn)

How long

24 hrs

Immediate

Toxemia

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Geo. S. M. Kieffer
Monroe Park
Balto Co Md

Accident or Suicide?

Bonnie Brac

H. Sander Lomo

Name
in
Full

Oliver Carlton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Goraustown		County Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Jan	30	Age 78			
Sex	male		Color or Race	White		Birth-place	New York
Occupation	Plasterer			Where Residing if not at place of death		Goraustown	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			Geo. C. Goldman			How related to deceased	
						Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	1 month
Immediate	Exhaustion	How long	several days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. Duncan	
Address		Goraustown Md	
Accident or Suicide?			

J. Wesley Jackson & Son

Baltimore Country

Name
in
Full

Barbara A. Chauncy

CERTIFICATE OF DEATH

Died at ^{Town} Lutherville^{County} Baltimore

MARYLAND

Date of death 1907 Jan

Month

Day 9th

Age 74

Years

Months 11

Days

Sex Female

Color or
Race

Black

Birth-
place

Baltimore Md.

Occupation

House work

Where Residing if not
at place of death

Lutherville

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Charles Chauncy

Father's
Name

Moses Bowser

Father's
Birthplace

Baltimore Md.

Mother's
Maiden Name

Lidia Russell

Mother's
Birthplace

Frederick Co Md.

Name of person giving
Information

Fellie Johnson

How related
to deceased

Grand daughter

CAUSES OF DEATH

Primary

La Grippe Pneumonia

How long

Four days

Immediate

Heart failure

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William L. Smith

Address

Kider

Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Alex H Emery
578 W Biddle St
Bear Hill Cemetery

Name
in
Full

Clarence Charles Chauey.

CERTIFICATE OF DEATH

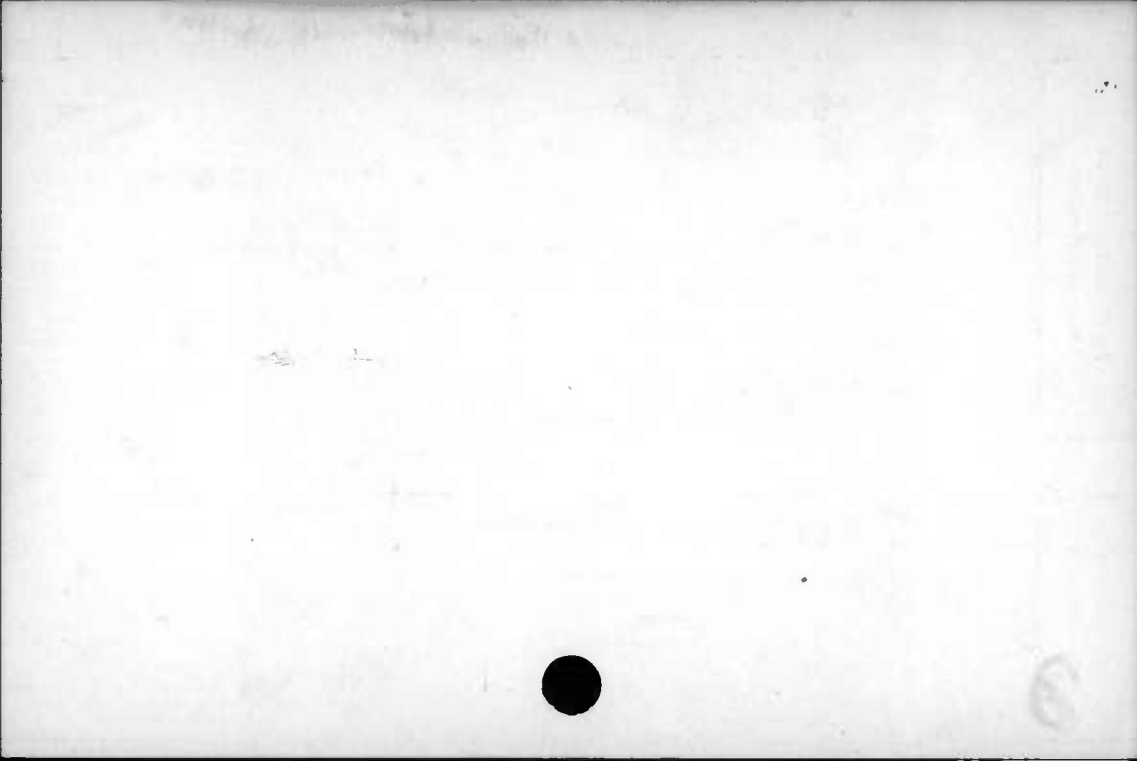
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907 Jan</i>		Month	Day <i>22</i>	Age <i>37</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Boxer Maker</i>		Where Residing if not at place of death <i>334 Bruce St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Irue Chauey</i>					
Father's Name <i>J. Chauey</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Whitehead</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Deceased</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dietitis</i>	How long
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr Shaw</i>
	Address <i>St Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Jarvis Carnahan (Carnish)

CERTIFICATE OF DEATH

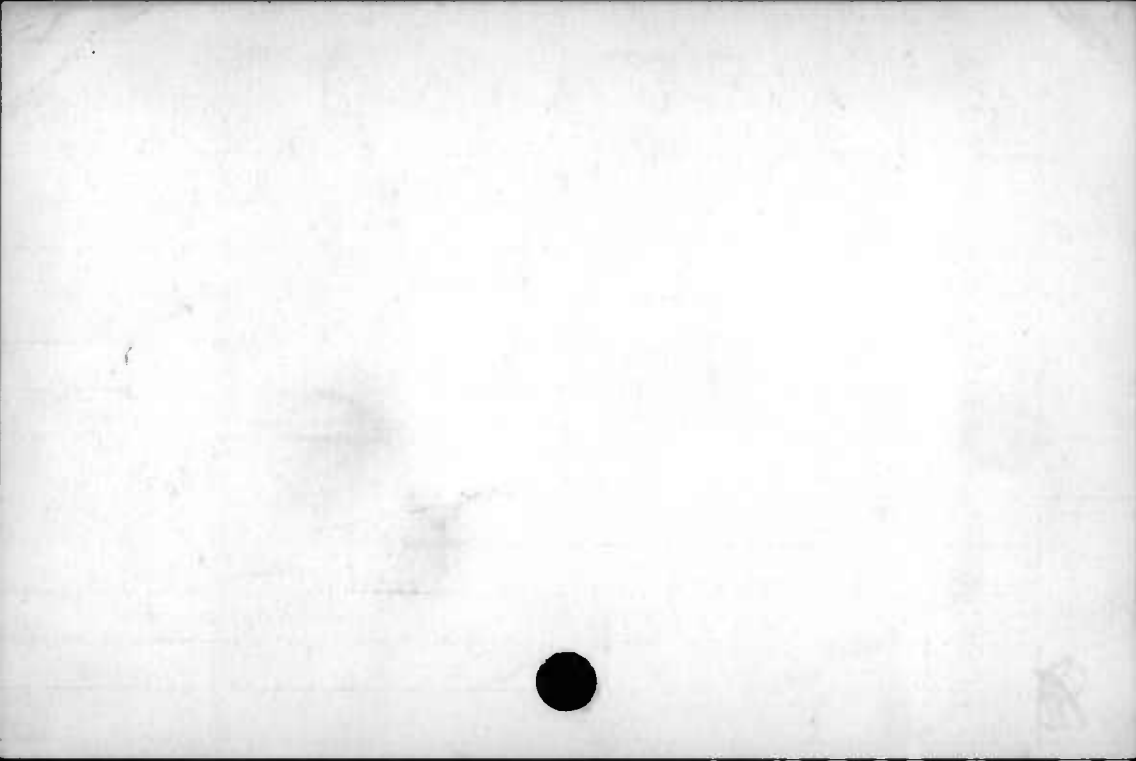
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jan 14</i> <i>Hallsville</i> <i>WV</i>		Town <i>Hallsville</i>		County <i>WV</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>14</i>		Age <i>42</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Bethesda</i>		Months <i>Jan</i> Days <i>17</i>	
Occupation <i>Domestic</i>				Where Residing if not at place of death <i>Hallsville</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charles Carnahan</i>					
Father's Name <i>William</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>William</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Charles Carnahan</i>				How related to deceased <i>Trustee</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Disease</i>		How long <i>19</i>	
Immediate <i>Exhaustion</i>		How long <i>7</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. H. Finner</i>	
—		Address <i>7128 Sharp St.</i>	
Accident or Suicide? <i>—</i>		—	



Name
in
FullRobert Lee Crawford
Town Highlandtown County Baltimore
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan	28			7	14
Sex	Male	Color or Race		White		Birth-place	
Occupation		None		Where Residing if not at place of death		445 Center Place	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Geo. D. Crawford				Father's Birthplace	
Mother's Maiden Name		Anna. P. Beyer				Balto City	
Name of person giving information		Geo. D. Crawford				Mother's Birthplace	
						Co	
						How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	93	5 days
	Immediate	Asphyxia	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	yes		A Warner		
Accident or Suicide?		no	Address		
			1120 Highland Ave		

Mount Carmel Cem.

Jan 30th 1907

St Nicolaus & Son

1820 Canton Ave

Name
in
Full

Catherine Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Highlandtown* TownCounty *Bacto.*

MARYLAND

Date of death *1907 Jan.* MonthDay *7th*Age *33* YearsMonths *5*

Days

Sex *Female*

Color or Race

white

Birth-place

Md.

Occupation

*Housewife*Where Residing
at place of death*311 W. Phasant Ave.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Charles Bruce*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Chas. Bruce*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

2 yrs

Immediate

Asthenia

How long

*6 mos*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

M. J. McAvoy M.D.
839 S. Canton St

Accident or Suicide?

St. Patrick's Lem.
H. Sander Laro

Name
in
Full

Alice Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retriah		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	Jan	Day	31
Age	24	Years		Months	unknown
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.
Occupation	None		Where Residing if not at place of death Baltimore Md.		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	unknown		Father's Birthplace unknown		
Mother's Maiden Name	"		Mother's Birthplace "		
Name of person giving information	Reeds Mt Hope			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania - Post Typhoid Fever	How long	over 6 yrs
Immediate	Ex. Pneumonia - Post La Grippe	How long	6 days -
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician	Frank J. Flannery MD
		Address	Mt Hope Retriah Mt Hope Md.
Accident or Suicide?			



Name
in
Full

Daul. Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Middle River* Town*Balto* CountyDate of death *1907 Jan* Month*24* DayAge *6* Years

Months

Days

Sex *Male*

Color or Race

Colored

Birth-place

*Middle River*Occupation *Infant*

Where Residing if not at place of death

Middle River Md

Married, Single or Widowed

Infant

Name of Wife or Husband

Infant

Father's Name

Jas Curtis

Father's Birthplace

Harbor Co Md

Mother's Maiden Name

Emaline Johnston

Mother's Birthplace

Benzie Balto Co

Name of person giving information

James Curtis

How related to deceased

father

CAUSES OF DEATH

Primary

Spazems

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

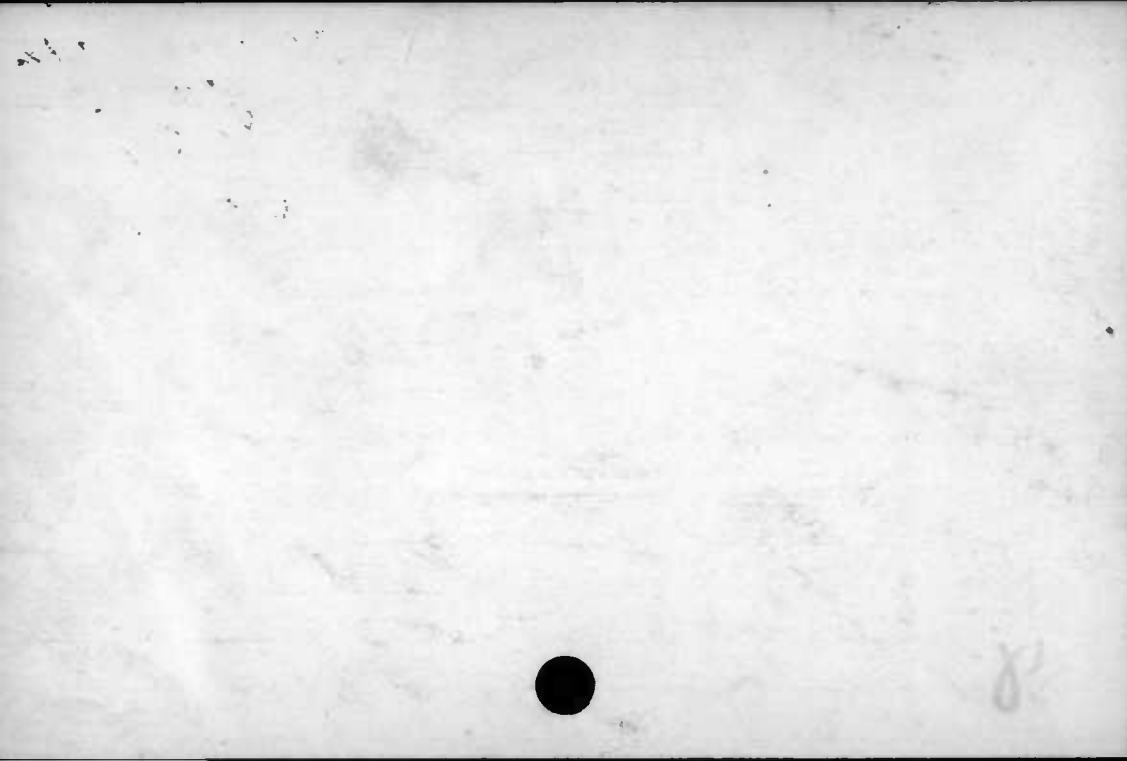
Signature of

Address

*James F. Gibson Jr*
*Chase**Balto Co Md*

Accident or Suicide?

FOR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dorothy Curtis

Town *Coangville* County *Bald* MARYLAND

Died at *Coangville*

Date of death *1907* Month *1* Day *27* Age *76* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Bald*

Occupation *Retired* Where Residing if not at place of death *---*

Married, Single or Widowed *---* Name of Wife or Husband *John Curtis*

Father's Name *---* Father's Birthplace *---*

Mother's Maiden Name *---* Mother's Birthplace *---*

Name of person giving information *Francis H. Starry* How related to deceased *Son-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Diabetes* How long *3 weeks*

Immediate *Exhaustion* How long *---*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. O. Schaefer*

Address *Highland*

Accident or Suicide? *---*

Pohlman via
Phenix Station
via

Wey Sutz
Co

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1907		January	25	Age	32	
Sex	Male	Color or Race	Black	Birthplace	Montgomery Co Md	
Occupation	Quarryman			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband			
Married			Hattie Davis			
Father's Name			Father's Birthplace			
Benney Davis			Don't know			
Mother's Maiden Name			Mother's Birthplace			
Henrietta Davis						
Name of person giving information			How related to deceased			
Hattie Davis			Wife			

CAUSES OF DEATH

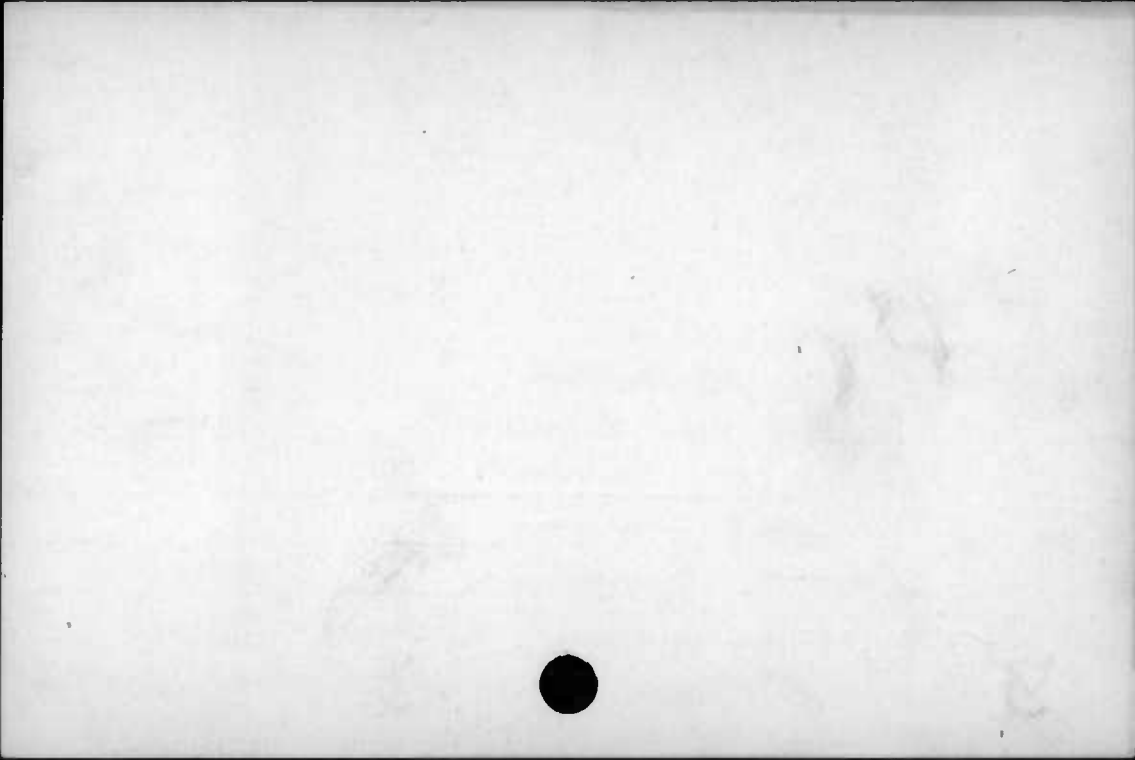
Primary	Pneumonia	How long	10 days
Immediate	Cardiac Asthma	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Annie Marie Dill

CERTIFICATE OF DEATH

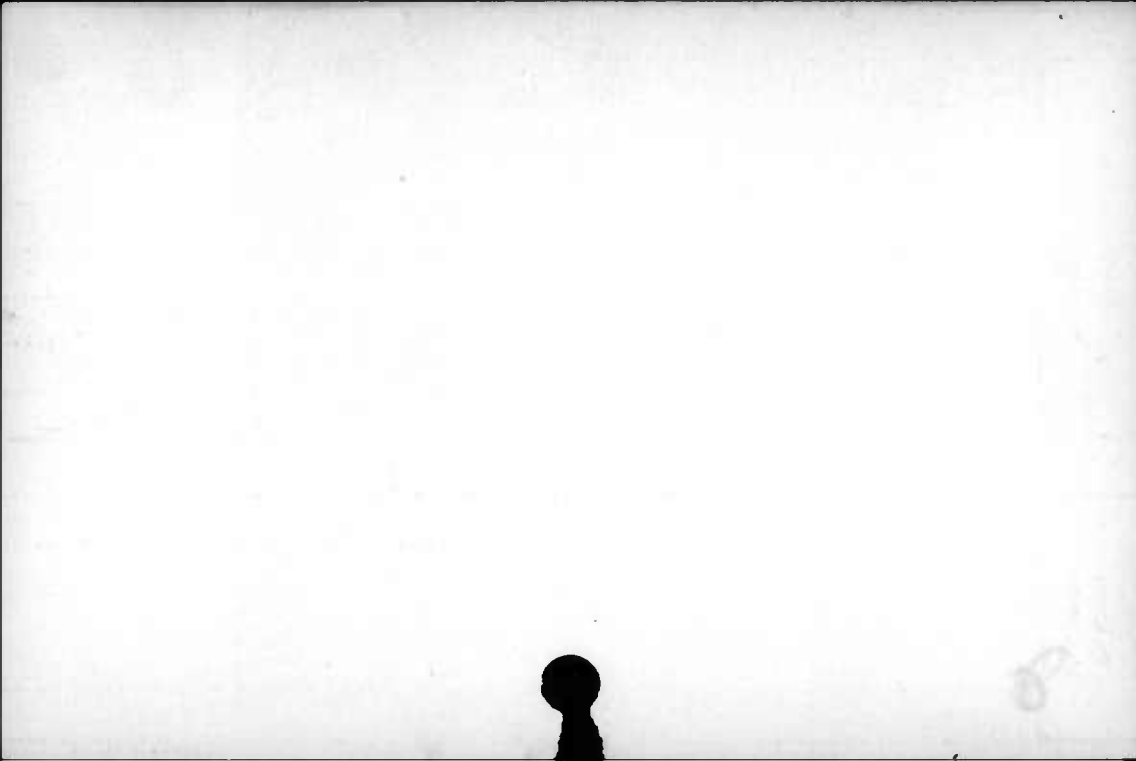
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calumet</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>28</i>	Age <i>24</i>	Months <i>11</i> Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calumet</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband		
Father's Name <i>Frederick Dill</i>			Father's Birthplace <i>Calumet</i>		
Mother's Maiden Name <i>Anne Hudelbach</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Margaret Hansloch</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Euphie</i>	How long
Immediate <i>Broncho Pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. B. Hallfeldt</i>
	Address <i>Calumet Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

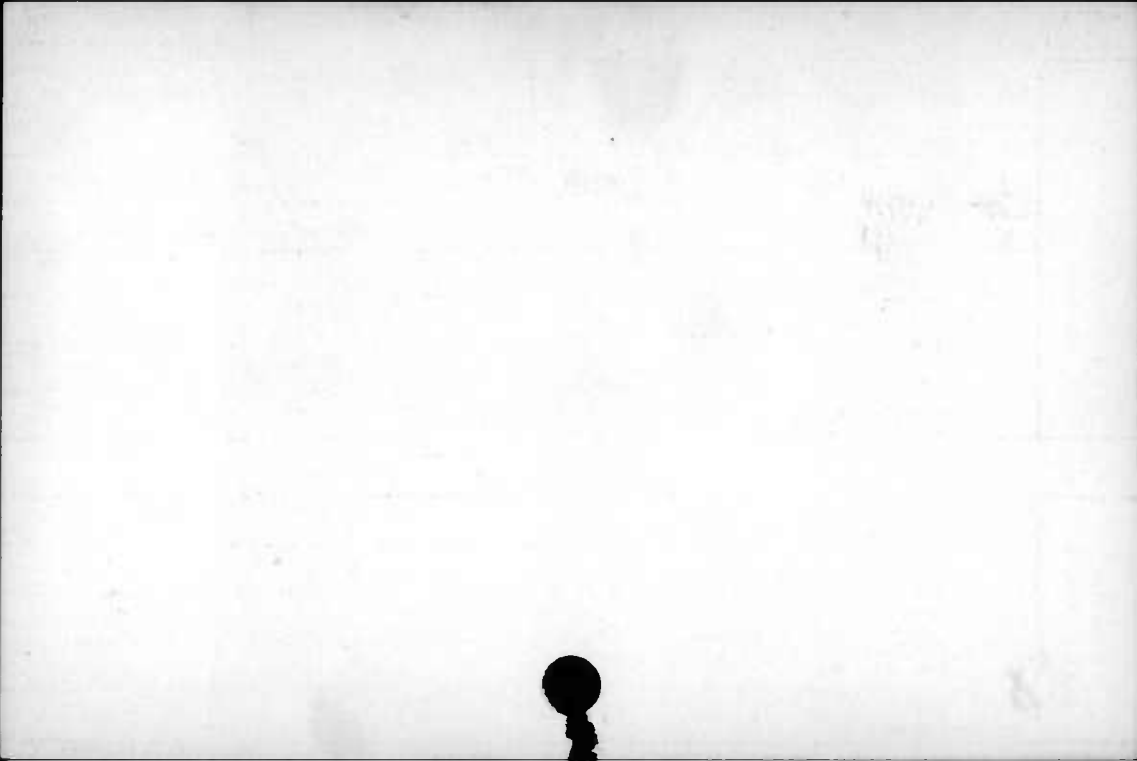
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fork</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1907	Month	June	Day	13
Age	about-	Years	40	Months	years ✓
Sex	Male	Color or Race	white	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death ✓		
Married, Single or Widowed	Married	Name of Wife or Husband	Lilly Dorsey		
Father's Name	Not Known		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Isa-Chatterton		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart-Disease	How long	2 years.
Immediate	irregular	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	L. F. H. Gonsuech
		Address	Fork
Accident or Suicide?	no.		Ind -



Name
in
Full

Agnes Droper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Curing Mills^{County} Baltimore

MARYLAND

Date of death 1907 January

Day 10th

Age 16 Years

Months 4

Days 9

Sex Female

Color or Race

White

Birth-place

Edkton, Md

Occupation

School

Where Residing if not at place of death

Curing Mills

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Richard H. Droper

Father's Birthplace

Delaware

Mother's Maiden Name

Florence David

Mother's Birthplace

Delaware

Name of person giving information

Mother

How related to deceased

Mother

CAUSES OF DEATH

Primary

Burns over 2/3 of body

How long

16

Immediate

Shock

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Francis Keating M.D.

Address

Curing Mills

Maryland

Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Garrison</i>		<i>County</i> <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Jan.	Day	18
Age	73	Years	11	Months	4
Sex	Female	Color or Race	White	Birth-place	York Co. Penn.
Occupation	Housewife		Where Residing if not at place of death <i>Garrison</i>		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>John Humming</i>		
Father's Name	<i>Wm. Jackson</i>		Father's Birthplace <i>—</i>		
Mother's Maiden Name	<i>Elizabeth Kuntz</i>		Mother's Birthplace <i>San Antonio</i>		
Name of person giving information	<i>Mrs. Minnie Webb</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright disease</i>	How long	<i>120</i> <i>1/2</i> years
Immediate	<i>General Anasarca</i>	How long	<i>6</i> weeks
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. E. Sturges M.D.</i>
		Address	<i>2200 W. 11th St. W.D.</i>
Accident or Suicide? <i>—</i>			

John Burns Sons
LONDON
Grocers.
Carnegie

Name
in
Full

Mary A. Enson

CERTIFICATE OF DEATH

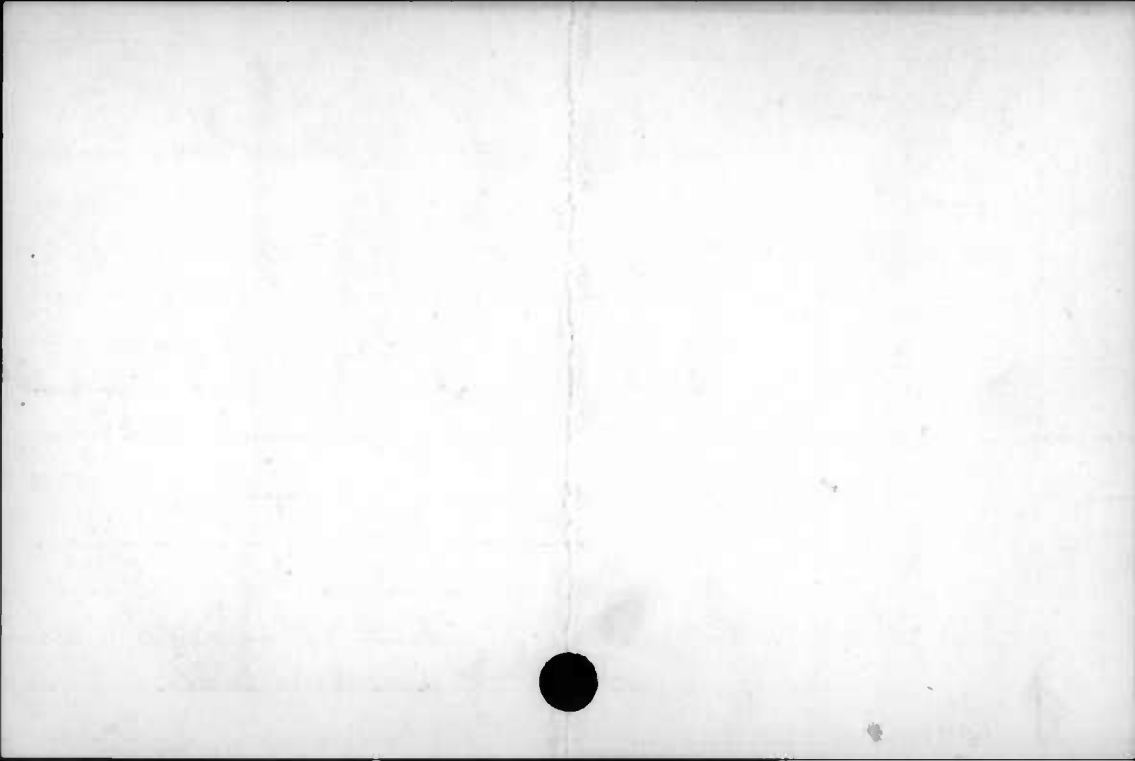
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Philadelphia		County Calto.		MARYLAND	
Date of death		1907	Month Jan	Day 30	Age 56	Years	Months Days
Sex Female		Color or Race White		Birth- place Calto. Co			
Occupation House Wife				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband L. Poisal Enson			
Father's Name Olegat Price				Father's Birthplace Calto Co.			
Mother's Maiden Name Sarah C Price				Mother's Birthplace Baltimore city			
Name of person giving In formation Rachel M. Hamilton				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis		How long 18 years
Immediate General exhaustion		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. M. L. Hymant
		Address Glenview, Ind.
Accident or Suicide?		



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Kenneth Lippe

Died at *Presumably in* County *Baltimore* MARYLAND

Date of death *1907* Month *1* Day *27* Age *28* Years Months *8* Days *19*

Sex *Male* Color or Race *White* Birth-place *Bethesda*

Occupation *None* Where Residing if not at place of death *Bethesda*

Married, Single or Widowed *Single* Name or Wife or Husband _____

Father's Name *Salvo Lippe* Father's Birthplace *Baltimore*

Mother's Maiden Name *Ellen Mink* Mother's Birthplace *Germany*

Name of person giving information *Uncle, Mr. ...* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

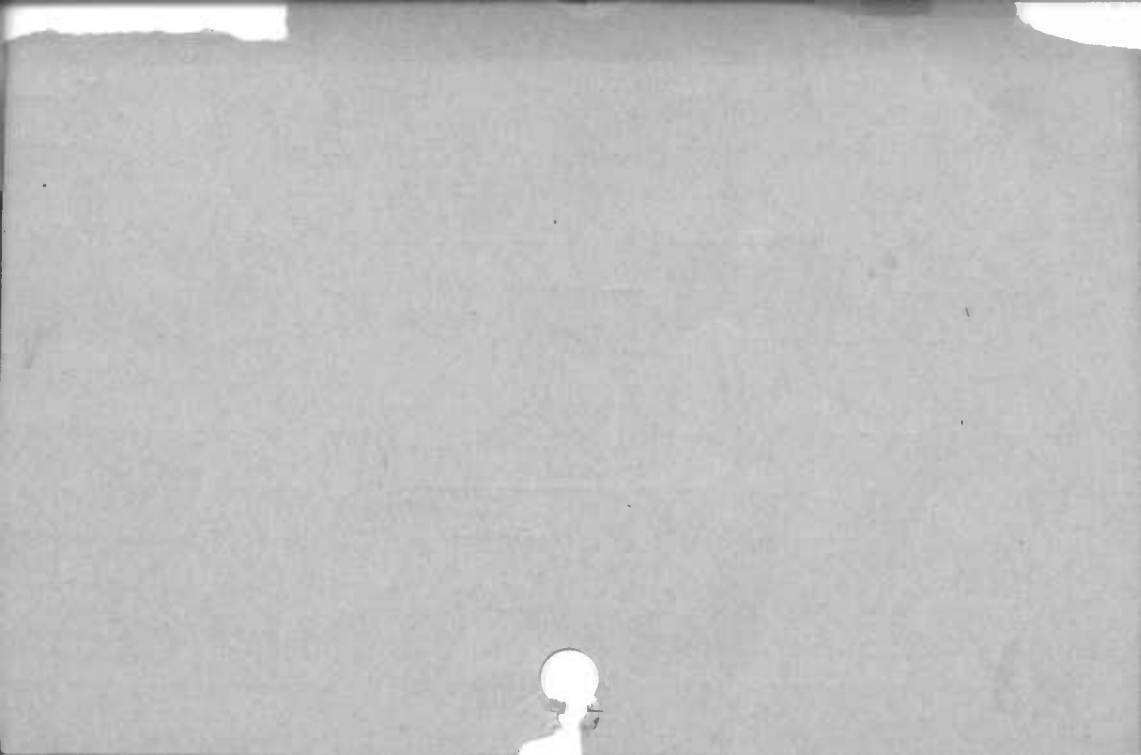
Primary *Chronic Nephritis* How long *124*

Immediate *Termination* How long *124*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. O. ...*

Address *Presumably in*

Accident or Suicide? *8*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beckleysville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		<i>MARYLAND</i>	
Date of death <i>1907</i>	<i>Jan</i> <small>Month</small>	<i>31st</i> <small>Day</small>	Age <i>about 77</i> <small>Years</small>	<i>Don't definitely know</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i></i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Kianna C. Fair</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	How related to deceased <i>Son-in-law</i>		<i></i>		
Name of person giving information <i>Preston Gardner</i>		<i>66</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis and general breakdown</i>	How long <i>four to five yrs.</i>
Immediate <i>Age and general paralysis</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Norris M.D.</i>
	Address <i>Beckleysville</i>
Accident or Suicide? <i></i>	<i>M.D.</i>

Shearn Bros. Undertakers

Name
in
Full

Sarah Calder Fishel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Shurwood		County Baltimore Co.		MARYLAND	
Date of death		1907	Month Jan	Day 3rd	Age 41	Months 2	Days 20
Sex Female		Color or Race White		Birth- place Balto. Co.			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband G. F. Fishel					
Father's Name James W. Harris		Father's Birthplace Maryland					
Mother's Maiden Name Miranda Turner		Mother's Birthplace "					
Name of person giving In formation G. F. Fishel		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pericarditis caused by vomiting due to pregnancy.	How long 60 days
Immediate	Exhaustion	How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. F. Phillips M.D.
		Address 1929 Madison Ave.
Accident or Suicide?		

Robt S Little
Druid Ridge Tenn.

Name
In
Full

Earl M. Floren

CERTIFICATE OF DEATH

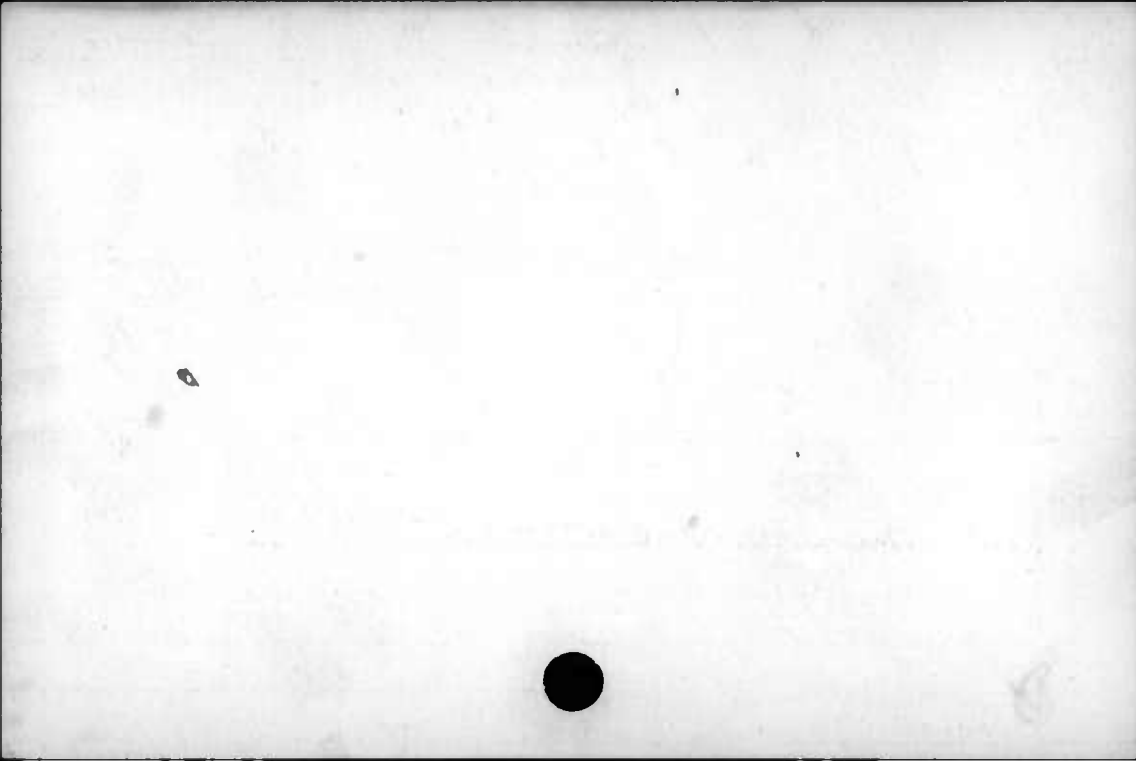
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monrell Park</i>		Town <i>Balto</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>January</i>		Day <i>2</i>		Age <i>—</i>		Years <i>—</i>		Months <i>11</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Henry M. Floren</i>				Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Elizabeth V. King</i>				Mother's Birthplace <i>Md</i>									
Name of person giving information <i>Henry Floren</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Coronary</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Yes S. M. Kupper</i>
		Address	<i>Monrell Park Baltimore Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chillicothe</i>		County <i>Balt</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		1	30	63			
Sex		Color or Race		Birth-place			
Male		white		ma.			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
widower							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Annie Foster				Daughter in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart failure</i>	How long	
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		August W. Miller, Coroner	
		Address	
		Mr Williams	
		Md.	
Accident or Suicide?			

Permission is hereby Given to
Nicholas Smith to Remove the
Body of Henry Foster from Balto
County - State of Md. to Balto City

August W. Miller
Coroner
Balto Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>42</i>	Years <i>42</i>	Months <i>2</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Over, Balto, Md</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Widow Husband <i>Corroll Furland</i>				
Father's Name <i>Chas Ambrose</i>				Father's Birthplace <i>Over Md</i>			
Mother's Maiden Name <i>Ruth Ann Conover</i>				Mother's Birthplace <i>Over Md</i>			
Name of person giving information <i>Corroll Furland</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

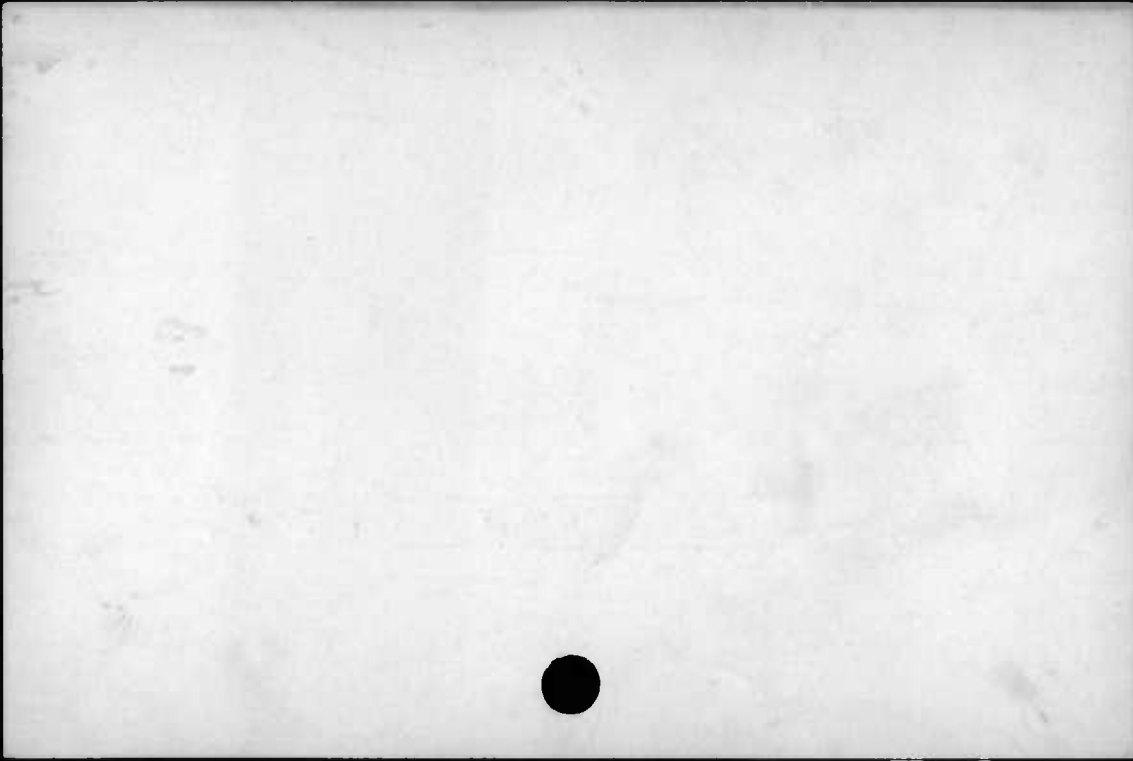
PHYSICIAN
OR CORONER

Primary <i>Addiours disease</i>	How long <i>52</i>	How long <i>24 months</i>
Immediate <i>Hypostatic pneumonia</i>	How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J B Bauson</i>	
	Address <i>Rocky Mills Md</i>	
Accident or Suicide? <i>Neither</i>		

Int^l ^{Int} ^{Int}
Interment at Green
Cemetery Beth Co
Ind Jan 14th

W. C. Brooks

Name in Full		JAN 7 1907		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Lebanonville</u> <small>Town</small>		<u>Polk</u> <small>County</small>		<u>MARYLAND</u>
	Date of death <u>1907</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>16</u> <small>Years</small> <u>42</u>		<u>Months</u>		<u>Days</u>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Penna</u>
	Occupation <u>Prakman</u>		Where Residing if not at place of death <u>X</u>		
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Rose E. Frommelter</u>		
	Father's Name <u>Solomon Frommelter</u>		Father's Birthplace <u>Pa</u>		
	Mother's Maiden Name <u>Martha Shuman</u>		Mother's Birthplace <u>Pa</u>		
	Name of person giving Information <u>Rose E. Frommelter</u>		How related to deceased <u>Wife</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>General Paresis</u>		How long <u>3 1/2 yrs.</u>		
	Immediate <u>Exhaustion</u>		How long <u>3 mos.</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Edw. Mader</u>		
	Address <u>Lebanonville, Md.</u>				
Accident or Suicide? <u>No.</u>					



Name
in
Full

Thos. S. Fry

JAN 8

1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

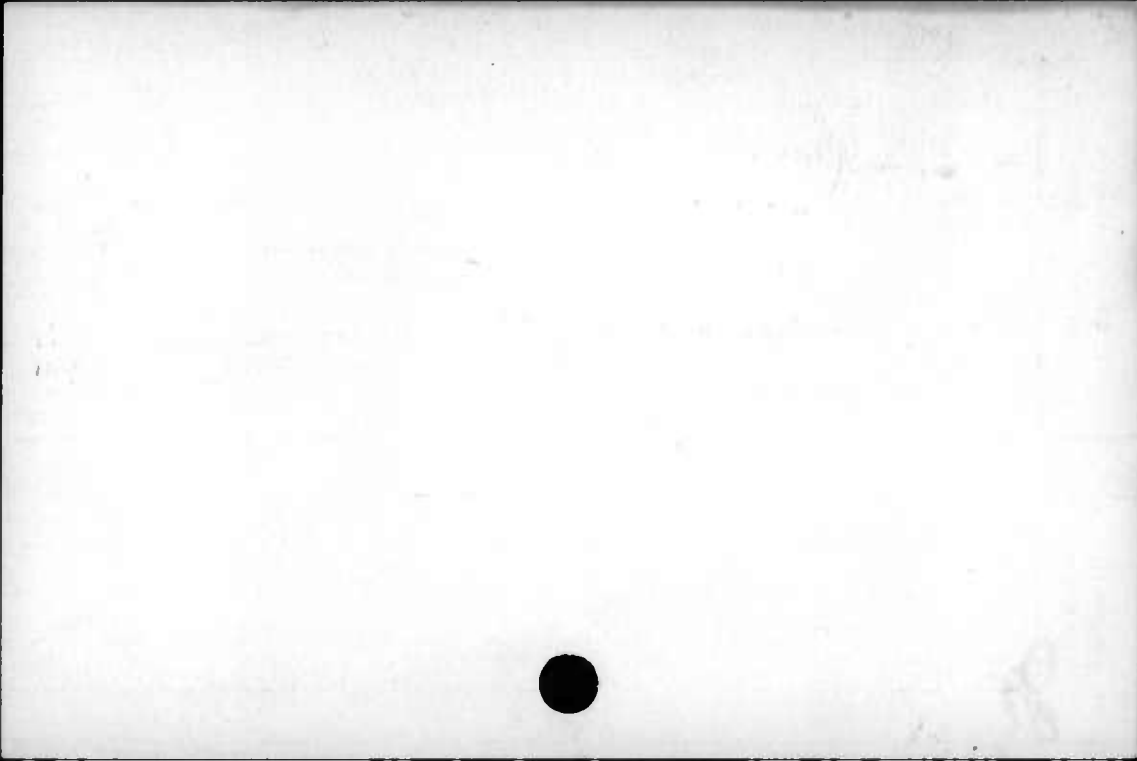
Died at <i>Overlea</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>3rd</i>	Age <i>58</i>	Years <i>58</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Funeral director</i>			Where Residing if not at place of death <i>Overlea</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>William Fry</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Cook</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Albert E. Fuller</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident-</i>	<i>164</i>	How long
Immediate	<i>Fractured skull from runaway team</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. D. Georse</i>	
		Address	
		<i>Gardenville</i>	
		<i>Ind.</i>	

Accident or Suicide?



Name
in
Full

Richard Garrity

CERTIFICATE OF DEATH

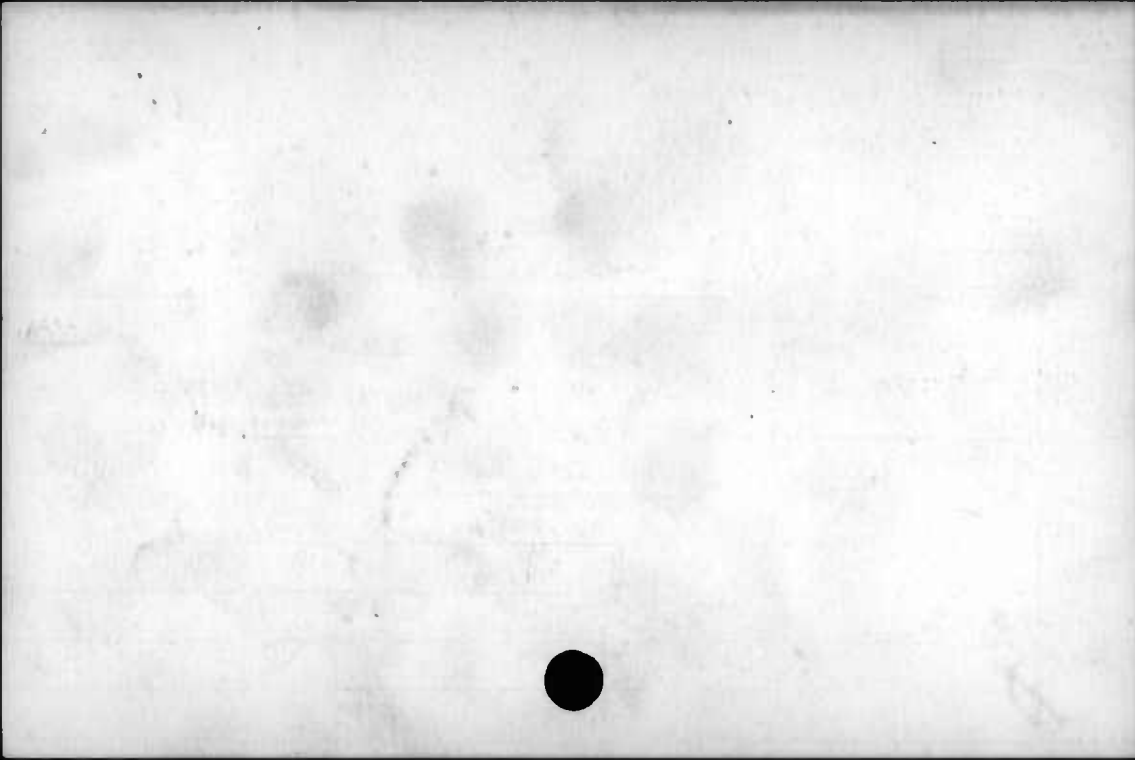
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Alberton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Jan 7</i>		Age <i>47</i>		Months <i>7</i> Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New Jersey</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>No settled home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mrs. Quinn</i>		How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>about 6 months</i>	
Immediate <i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Gambill</i>	
Accident or Suicide? <i>J</i>		Address <i>Alberton, Md</i>	



Name
in
Full

Man Genest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrow Point* ^{Town} *Balto.* ^{County} **MARYLAND**

Date of death *1907 Jan. 26* ^{Month} ^{Day} ^{Years} *Age 30* ^{Months} ^{Days}

Sex *male* ^{Color or Race} *white* ^{Birth-place} *Germany*

Occupation *Sailor* ^{Where Residing if not at place of death} *Unknown*

Married, Single or Widowed *Single* ^{Name of Wife or Husband} *—*

Father's Name *Unknown* ^{Father's Birthplace} *Unknown*

Mother's Maiden Name *Unknown* ^{Mother's Birthplace} *Unknown*

Name of person giving information *Joe Blair* ^{How related to deceased} *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accidental drowning* ^{How long}

Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above *Approximate* ^{Signature of Physician} *Joe Blair, P.*

8 ^{Address} *Sparrow Point Md*

Accident or Suicide? *Accident*



Name in Full		Emanuel Goldenberg				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Towson</u> Town		<u>Balto.</u> County		MARYLAND		
	Date of death <u>1907</u>	Month <u>Jan.</u>	Day <u>24</u>	Age <u>40</u> Years	Months	Days	
	Sex <u>Male</u>		Color or Race <u>Wh. Hebrew</u>		Birth-place <u>Frederick, Md.</u>		
	Occupation <u>Tailor</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs E. Goldenberg</u>					
	Father's Name <u>Henry Goldenberg</u>	Father's Birthplace <u>Germany</u>					
	Mother's Maiden Name <u>Eva Nordhaus.</u>	Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Miss Julia Stern.</u>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Parsis</u>			How long	<u>4 yrs.</u>	
	Immediate	<u>Status Epilepticus</u>			How long	<u>1/2 hour.</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes.</u>		Signature of Physician <u>W B Cornell</u>		
					Address <u>Sheppard Hosp.</u>		
					<u>Towson, Md.</u>		
Accident or Suicide?							

W. A. Munsie
Full Point
Hebrew Academy

Name
in
Full

Caroline Gonttrum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> <small>Town</small>		<i>Baltimore Co</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Jan</i> <small>Month</small>	<i>2nd</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>7</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Gardenville Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Gonttrum (Deceased)</i>				
Father's Name <i>John Jacob Kingle</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Regena (Don't know)</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Matilda A Gonttrum</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>79</i> <small>Years</small>	
Immediate <i>Apnæa</i>	How long <i>One hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo F. Taylor M.D.</i>	Address <i>1254 N. Broad Street</i>
<i>8</i> Accident or Suicide? <i>No.</i>		



Name
in
Full

CERTIFICATE OF DEATH

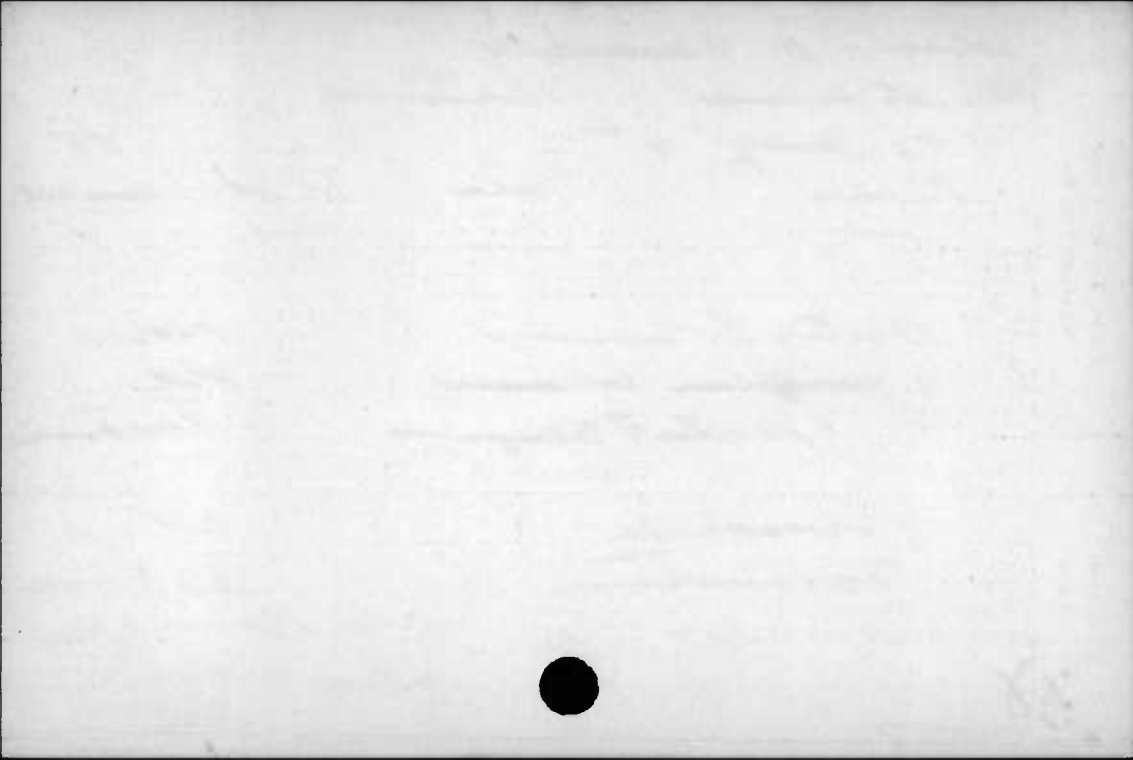
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willow Glen</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Jan</i> ^{Month} <i>11</i> ^{Day}	Age <i>76</i> ^{Years}	<i>Months</i> ^{Months} <i>Days</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Balto co. Md</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>George Gore</i>	Father's Birthplace <i>Balto co. Md</i>		
Mother's Maiden Name <i>Catharine Wildison</i>	Mother's Birthplace <i>Fork. co. Pa</i>		
Name of person giving information <i>Louella Metzger</i>	How related to deceased <i>neace</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	<i>(81)</i>	How long <i>About one year</i>
Immediate <i>Leoma</i>		How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M. D.</i>	Address <i>Reisterstown Md.</i>
<i>X</i> <i>Accident or Suicide?</i>		



Name

in
Full

Chester W. Gummer

CERTIFICATE OF DEATH

Town

County

Died at

St. Helena

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

January

4

Age

6

15

Sex

Male

Color or
Race

White

Birth-
place

St. Helena Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Walter F. Gummer

Father's
Birthplace

Md.

Mother's
Maiden Name

Margaret Calhoun

Mother's
Birthplace

Md.

Name of person giving
information

Walter F. Gummer

How related
to deceased

Fiction

CAUSES OF DEATH

Primary

Bronchitis

How long

3 days

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

F. C. Olden M.D.

Address

Gummers Point
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

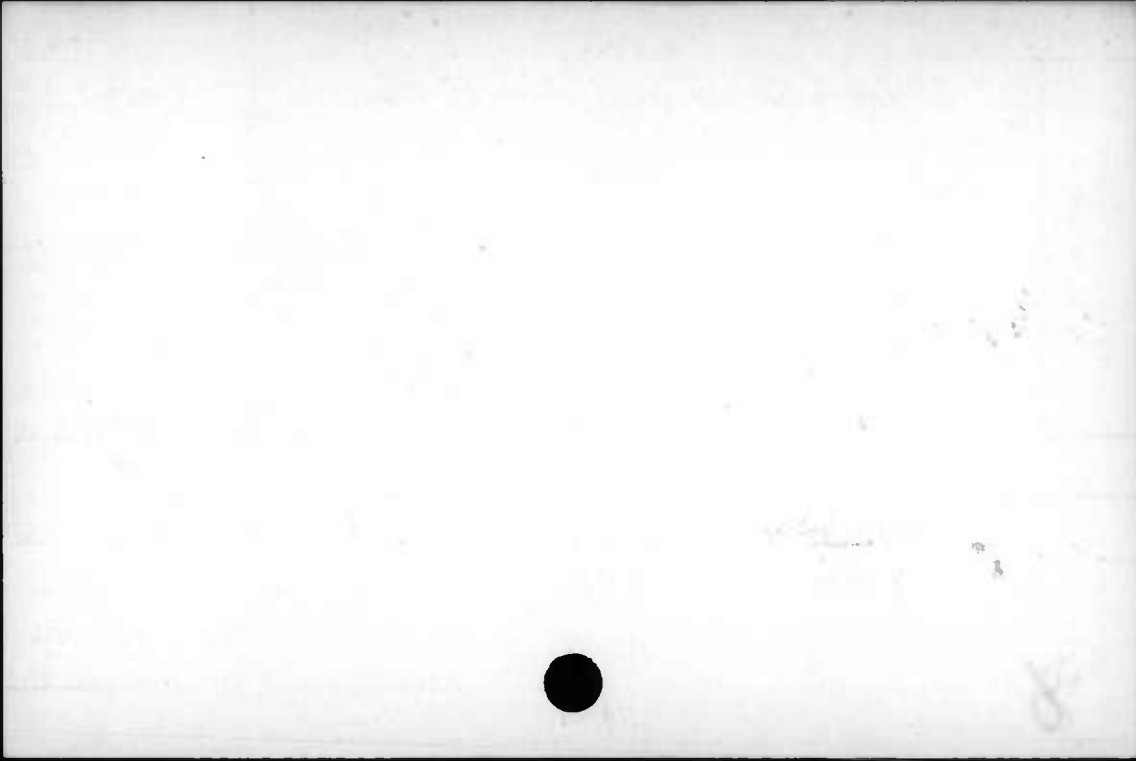
MARYLAND

Died at <i>Mt Hope Retrial</i> ^{Town}		<i>Baltimore</i> ^{County}	
Date of death <i>1907</i>	<i>Jan</i> ^{Month}	<i>15</i> ^{Day}	<i>39 or 40 yrs</i> ^{Years}
<i>Male</i> ^{Sex}		<i>White</i> ^{Color or Race}	<i>Baltimore</i> ^{Birthplace}
<i>None</i> ^{Occupation}		<i>Baltimore</i> ^{Where Residing if not at place of death}	
<i>Single</i> ^{Married, Single or Widowed}		<i></i> ^{Name of Wife or Husband}	
<i>Unknown</i> ^{Father's Name}		<i>Unknown</i> ^{Father's Birthplace}	
<i>"</i> ^{Mother's Maiden Name}		<i>"</i> ^{Mother's Birthplace}	
<i>Recd. Mt Hope Retrial</i> ^{Name of person giving information}		<i>not at all</i> ^{How related to deceased}	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<i>Drumonia (Epilepsy)</i> ^{Primary}	<i>93</i> ^{How long}	<i>abt 35 or 36 yrs -</i>
<i>Ex Pneumonia</i> ^{Immediate}		<i>abt 6 days -</i> ^{How long}
<i>yes</i> ^{Are the name, age, sex, color, date and place correctly given above}		<i>Frank J. Flannery MD</i> ^{Signature of Physician}
		<i>Mt Hope Retrial</i> ^{Address}
		<i>Mt Hope Md -</i>
<i>8</i> ^{Accident or Suicide?}		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		1	31	Age 41	4	30	
Sex	Male		Color or Race	White		Birth place	Baltic City
Occupation	Restaurateur			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Harzel					Father's Birthplace	Germany
Mother's Maiden Name	Katherine Porcher					Mother's Birthplace	Germany
Name of person giving information	Charles Harzel					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(61)		How long	1
Immediate	Meningitis		How long	About 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Collierburg
			Address	1810 E Baltimore St
Accident or Suicide?		No		

J. H. Sanders & Sons
Mt Carmel

Name
in
Full

Benjamin Hamlett

CERTIFICATE OF DEATH

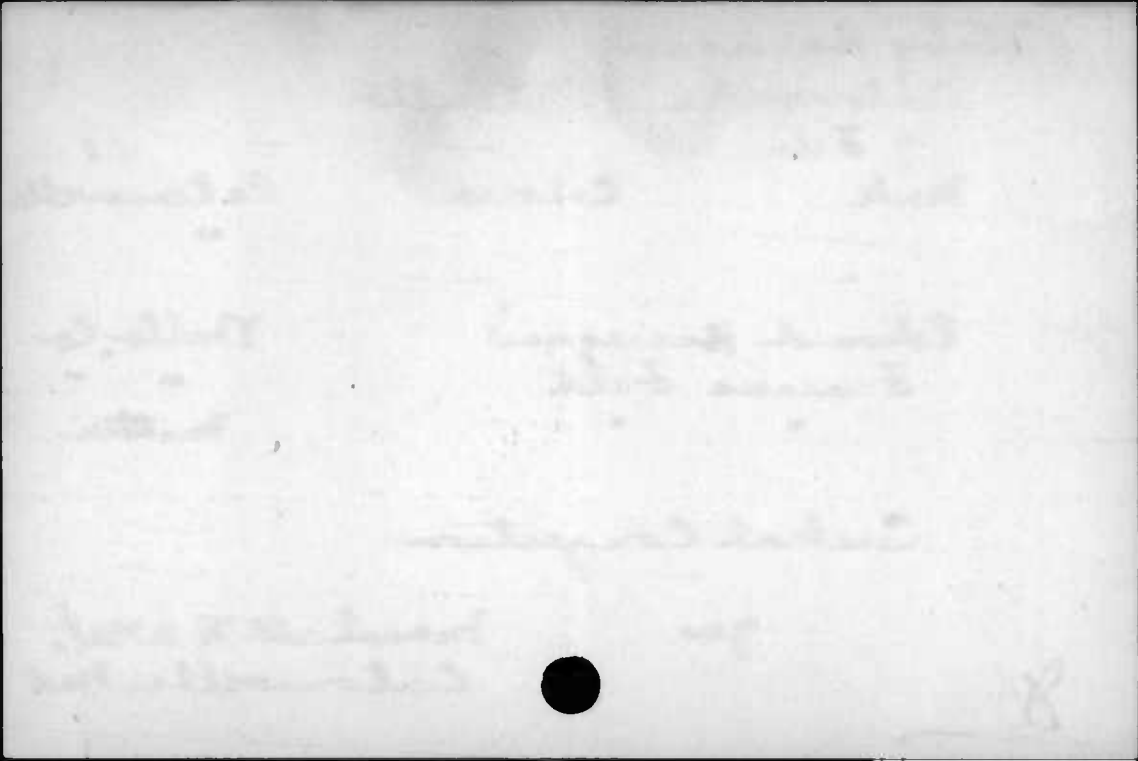
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Jan.</i>	Day	<i>13</i>
Age		Years	Months		Days
Sex	<i>Male</i>	Color or Race	<i>Negro</i>		Birth-place
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Sparrows Point</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Robt. Hamlett</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Joe Blair</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fell and crushed skull</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Joe Blair</i>
		Address	<i>Sparrows Point Md</i>
Accident or Suicide <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm H. Hawkins Jr.* Town *Granby* County *Baltimore*
Died at *Granby* Maryland
Date of death *1907* Jan *3* Age *4* Months *4* Days *4*
Sex *male* Color or Race *Blk* Birth-place *Ind*
Occupation *—* Where residing if not at place of death *Same*

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name *Wm H. Hawkins*

Father's Birthplace *Pa*

Mother's Maiden Name *Betha White*

Mother's Birthplace *Ind*

Name of person giving information *Wm H. Hawkins*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Inanition* (151) How long *1 day*

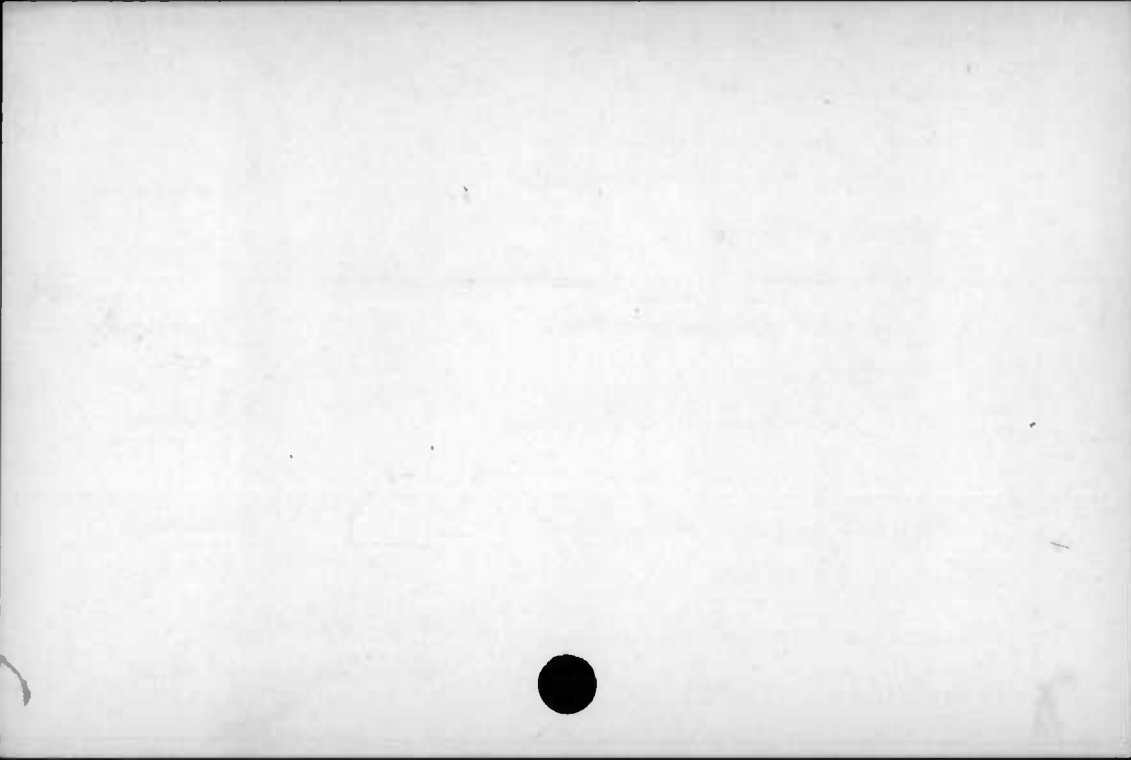
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

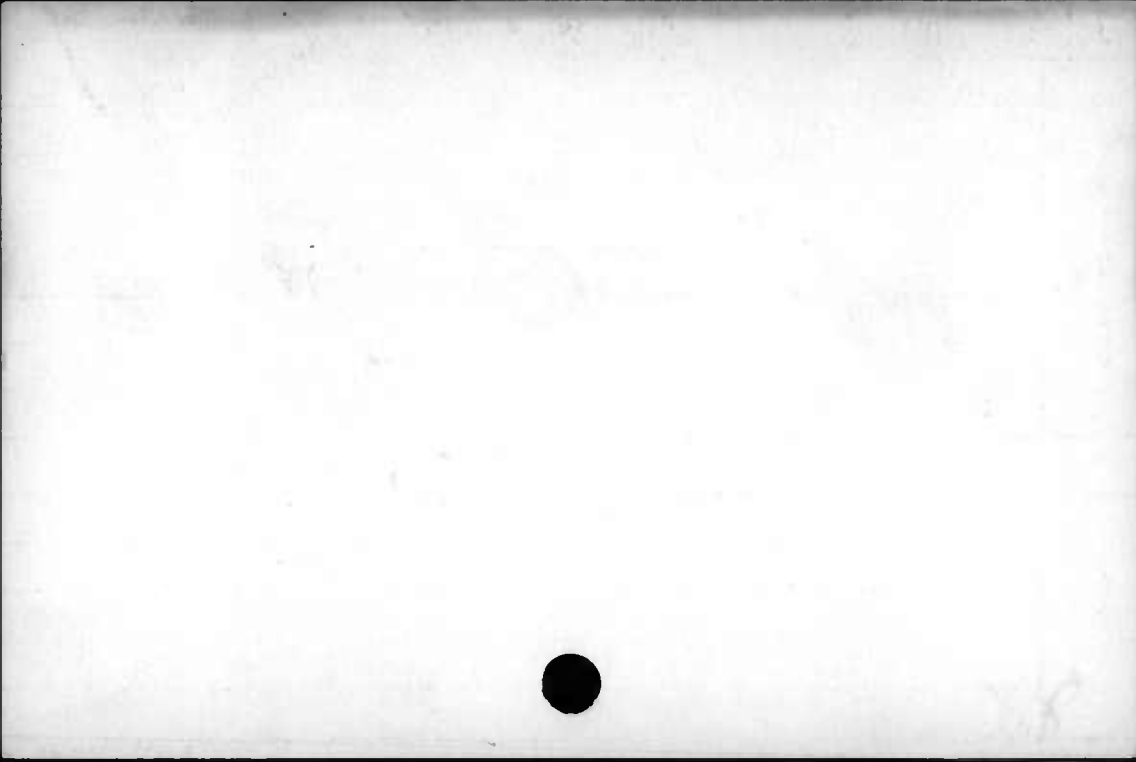
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Helmsledter</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 Jan 31</i>		<i>59</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Restaurateur</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Theresa Schell</i>					
Father's Name <i>Jacob Helmsledter</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Clara</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lillie A. Paetow</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>beriberi of Liver</i>	How long <i>4 months</i>
Immediate <i>Coma</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. W. Maffeldt</i>
	Address <i>Baltimore Md</i>
Accident or Suicide?	



Name

in
Full

Williams - C. W. H. Hephburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phoenix</i> ^{Town}		<i>Baltimore</i> ^{County} <i>Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>24</i>	Months <i>6</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Waverly Md Baltimore</i>		
Occupation <i>Mill-hand</i>	Where Residing if not at place of death <i>Phoenix Md Baltimore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>William H. Hephburn</i>	Father's Birthplace <i>Baltimore Md</i>				
Mother's Maiden Name <i>Lancy E. Barratt</i>	Mother's Birthplace <i>Baltimore Md</i>				
Name of person giving information <i>E. Roberts Kelly</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>21 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr E. Benson</i>
<i>8</i>	Address <i>Backusville Md</i>
<i>Accident or Suicide</i>	

PHYSICIAN
OR CORONER

Interment at Popular
Cemetery Monday Jan 21

W. C. Brooks

Name
In
Full

CERTIFICATE OF DEATH

Joseph M. Herbst

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907 Jan.</i>	Month <i>Jan.</i>	Day <i>25</i>	Years <i>23</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Painter</i>		Where Residing if not at place of death <i>—————</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—————</i>			
Father's Name <i>John Herbst</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary M. Schliefer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mary M. Herbst</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>Two months</i>
Immediate <i>General Oedema</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>C. A. Stacey</i>
<i>8</i>	Address <i>2 Hudson St</i>
Accident or Suicide?	

Sacred Heart Cemetery

Jan. 29th 1907

Germanus Franke

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Rev. John Hoerr

Town

Hamilton

County

Baltimore

MARYLAND

Died at

Date

Jan 18

Month

7

Day

18

Years

63

Months

2

Days

17

of death

190

Age

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Retired clergyman

Where Residing if not
at place of death

White Ave

Married, Single
or Widowed

M.

Name of Wife or
Husband

Margaret Hoerr

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

Margaret Hoerr

How related
to deceased

Wife

CAUSES OF DEATH

Primary

apoplexy causing Paralysis

How long

several years

Immediate

Softening of Brain & Debility

How long

several years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. B. E. Vogler

Address

1232 E. North Ave.
Baltimore Md.

Accident or Suicide?

no.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Herwig & Son
Mt. Carmel Conn.

1/21/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Hoffman

Died at *Highlandtown* Town *Batts.* County

State *MARYLAND*

Date of death *1907* Month *January* Day *30* Age *79* Years Months *3* Days *-*

Sex *Male* Color or Race *White* Birth-place *Penn.*

Occupation *None* Where Residing if not at place of death *1137 Highland Ave*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie M. Hoffman*

Father's Name *John Hoffman* Father's Birthplace *Penn.*

Mother's Maiden Name *Elvanna Small* Mother's Birthplace *Ind.*

Name of person giving information *H. Hoffman* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *3 days*

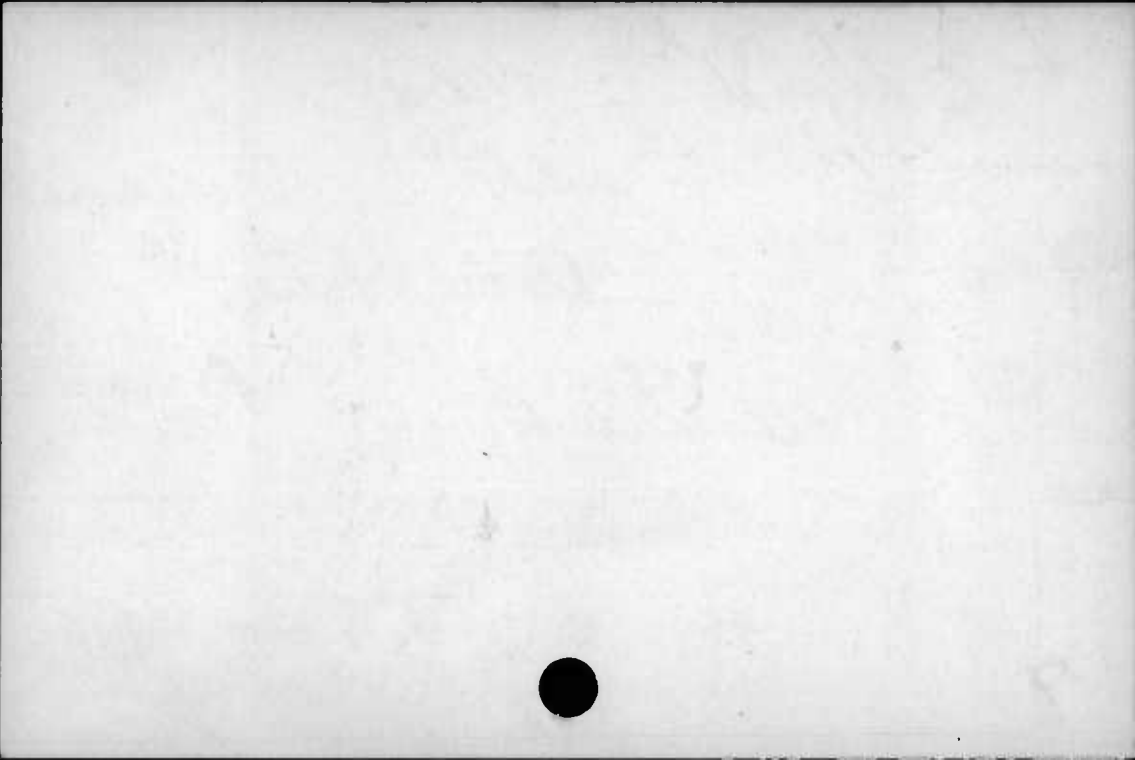
Immediate *Asthenia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. C. Thieme M.D.*

Address *1135 Highland Ave*

Accident or Suicide? *No*



Name

in
Full

Hart Benton Holton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadows</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>14</i>		Age <i>71</i>		Years <i>2</i> Months <i>21</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>do</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Penelope R. Holton</i>							
Father's Name <i>Thomas Holton</i>		Father's Birthplace <i>Penna</i>							
Mother's Maiden Name <i>Mary Holton</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>W. F. Holton</i>		How related to deceased <i>Nephew</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aortic Aneurism</i>	How long	<i>3 yrs -</i>
Immediate	<i>Coma.</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. H. Whitridge</i>	
		Address <i>840 Park Ave Baltimore</i>	
Accident or Suicide?			

Henry W. Jenkins & Sons Co

233 Saratoga St

Undertaker

Funeral Sunday Jan 6/07

London Park.

Name
in
Full

CERTIFICATE OF DEATH

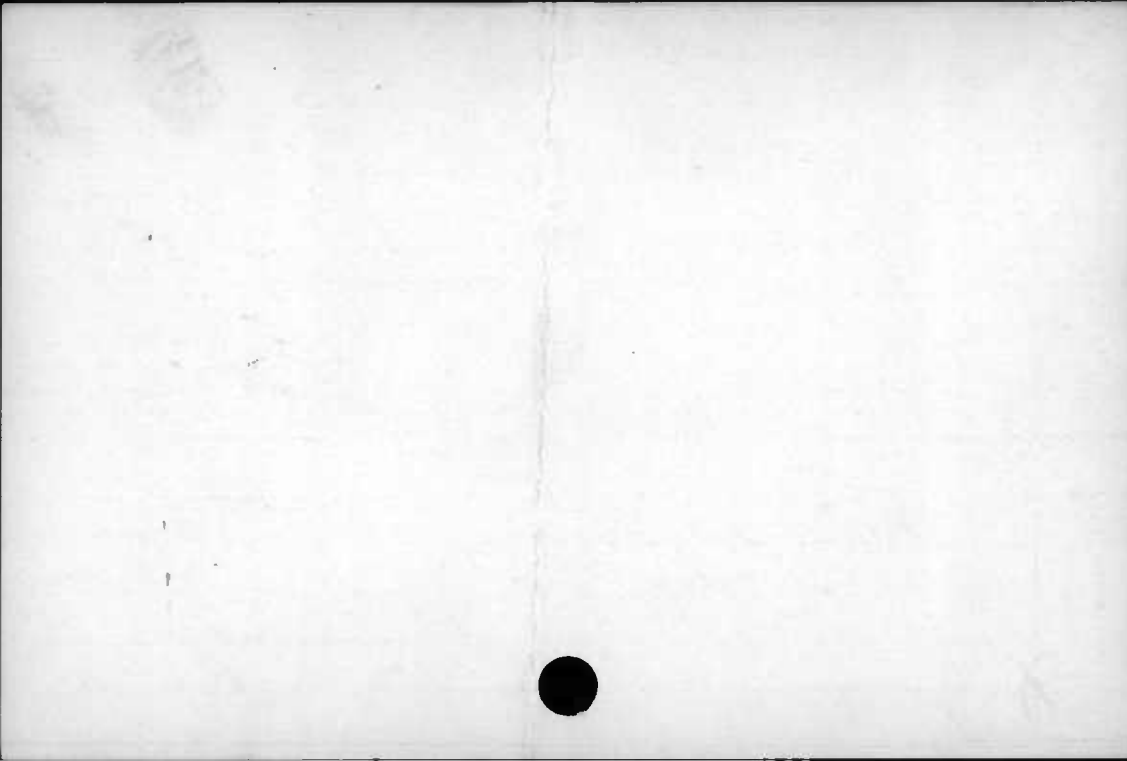
TO BE ANSWERED BY
NEAREST FRIEND

Name *Pho H. Huke* JAN 9 1907
 Died at *Cokepeth* Town *Cokepeth* County *Balt.* MARYLAND
 Date of death *1907 Jan 12* Age *35* Months *—* Days *—*
 Sex *male* Color or Race *white* Birth-place *Cokepeth, Md.*
 Occupation *Tramcar* Where Residing if not at place of death *—*
 Married, Single or Widowed *married* Name of Wife or Husband *Annie Huke*
 Father's Name *August Huke* Father's Birthplace *Germany*
 Mother's Maiden Name *Mary C. Cogen* Mother's Birthplace *Germany*
 Name of person giving information *Annie Anderson* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Uremia Suppurative by Carbolic acid & Whiskey* How long *—*
 Immediate *Pneumonia* How long *5 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. F. Bussey M.D.*
 Address *Texaco Md.*
 Accident or Suicide? *Probably. I think he would have recovered from the effects of carbolic acid*
DR B. F. Bussey



Name
in
Full

Arrow Minita Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hullsville ^{Town} Baltimore ^{County} **MARYLAND**

Date of death 1907 ^{Month} January ^{Day} 24 ^{Years} 45 ^{Months} 00 ^{Days} 00

Sex Female Color or Race colored Birth-place Ind

Occupation Housewife Where Residing if not at place of death Hullsville

Married, ~~Single~~ or Widowed Name of Wife or Husband John W Jackson

Father's Name Charles Williams Father's Birthplace Ind

Mother's Maiden Name Arrow Minita Williams Mother's Birthplace Ind

Name of person giving Information Albert E. Jackson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Breast 43 How long 18 months

Immediate Grippe How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W B Hall

X Address Wt Minors

X Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Thomas Jamney -

To

County

Died at Stevenson

Baltimore Co.

MARYLAND

Date of death 1907 Jan -

Month

Day 14th

Age 71 -

Years

Months

Days - 9 -

Sex male -

Color or Race

White -

Birth-place

Alexandria Va

Occupation

Capitalist (retired)

Where Residing if not at place of death

Married, Single or Widowed

Unmarried

Name of Wife or Husband

Frances M. Jamney -

Father's Name

John Thos. Jamney -

Father's Birthplace

Alexandria Va

Mother's Maiden Name

Elinor M. Pearson -

Mother's Birthplace

" "

Name of person giving information

Thos Jamney Jr

How related to deceased

Son

CAUSES OF DEATH

Primary

Corrosion of Liver

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Morris Naylor
Pittsville

Accident or Suicide?

Mal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stewart Thorne Co
Undertakers

Name
in
Full

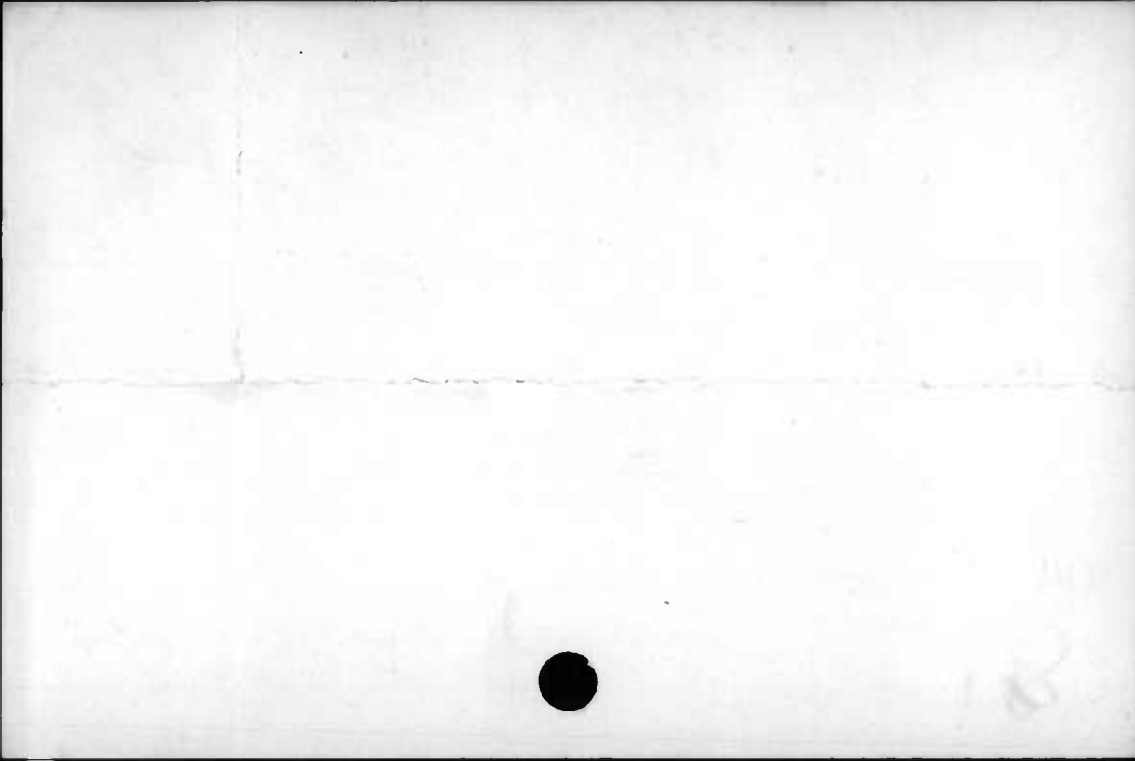
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vercheyville</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i> Jan		Month	Day <i>18</i>	Years <i>46</i>	Age
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Balto Co</i>	
Occupation <i>Cook</i>		Where Residing if not at place of death			
Married, Widowed		Name of Wife or Husband <i>John Henry Jenkins</i>			
Father's Name <i>Asa Smith</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Gray Julia Smith</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>John Jenkins</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>Influenza</i>	How long <i>3 weeks</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. M. Sherman</i>
	Address <i>Glenview Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i> ^{Town}		<i>Bald</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Year}		<i>Jan</i> ^{Month}		<i>28</i> ^{Day}	
<i>Male</i> ^{Sex}		<i>White</i> ^{Color or Race}		<i>8</i> ^{Months}	
<i>Former</i> ^{Occupation}		<i>White</i> ^{Birth-place}		<i>1</i> ^{Days}	
<i>Married</i> ^{Married, Single or Widowed}		<i>Where Residing if not at place of death</i>			
<i>William Johnson</i> ^{Father's Name}		<i>vauxhall md</i> ^{Father's Birthplace}			
<i>Mary Johnson</i> ^{Mother's Maiden Name}		<i>Glincon 1110</i> ^{Mother's Birthplace}			
<i>Mrs. Ada Johnson</i> ^{Name of person giving information}		<i>Sister</i> ^{How related to deceased}			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<i>Organic Heart disease - valvular</i> ^{Primary}		<i>18 Months</i> ^{How long}	
<i>Conjestion Pulmonary</i> ^{Immediate}		<i>15 hours</i> ^{How long}	
<i>Yes</i> ^{Are the name, age, sex, color, date and place correctly given above?}		<i>Dr. B. B. B. B. B.</i> ^{Signature of Physician}	
		<i>Coopersville md</i> ^{Address}	
<i>Accident or Suicide?</i>			

May 27th, 1848

Interment at Shrewsbury
Cemetery, Rockingham
Wednesday June 30

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Year} <i>Jan.</i> ^{Month} <i>18</i> ^{Day} <i>9</i> ^{Years}	<i>6</i> ^{Months}	<i>16</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>1139 Highland Ave. Highlandtown</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John B. Kelley</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Elanor Brown</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Miss Kelley</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Meningitis</i>	<i>6</i> ^{How long} <i>3 weeks</i>
Immediate <i>Asthemia</i>	<i>24 hours</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. L. D. Mearns</i>
	Address <i>3 And Gough Highlandtown</i>
Accident or Suicide? <i>No</i>	



2

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

Date of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or Race

white

Birth-
place

Occupatio

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

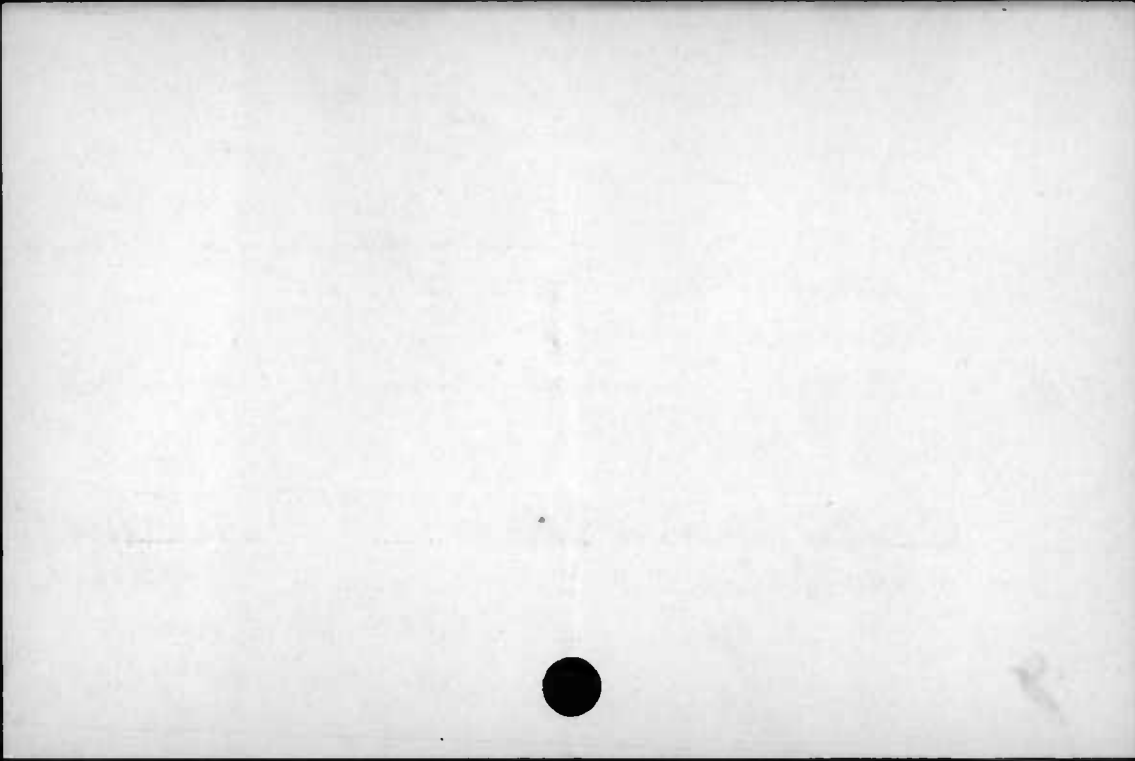
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan'y</u>	Day <u>25</u>	Age <u>63</u> Years	Months <u>5</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>515 Goulden St</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret Kuenneth</u>				
Father's Name <u>John Kuenneth</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>"</u>		
Mother's Maiden Name <u>Mrs Jno</u>	Name of person giving information <u>Mary Kuenneth</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary <u>Accident</u>	How long <u>5</u> days.
Immediate <u>Concussion of the Brain</u>	How long <u>5</u> "
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. A. Dunningan</u>
<u>Fell down steps during an attack of vertigo</u>	Address <u>203 Bond St.</u>
Accident or Suicide? <u>Accident</u>	<u>Coroner</u>

PHYSICIAN-
OR CORONER

Sacred Heart Cemetery

Jan. 29th 1907

Germanus Franer.

Under the

Name
in
Full

Mary D. Kettell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>Jan.</i> <small>Month</small>	<i>7.</i> <small>Day</small>	Age <i>48</i> <small>Years</small>	<i>7</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pennsylvania</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ralph Kettell</i>				
Father's Name <i>John Downs</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Elizabeth M. Albee</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Ralph Kettell</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis Liver</i>	How long <i>26 days.</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pierre G. Dausch</i>
	Address <i>124, Jackson Square</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

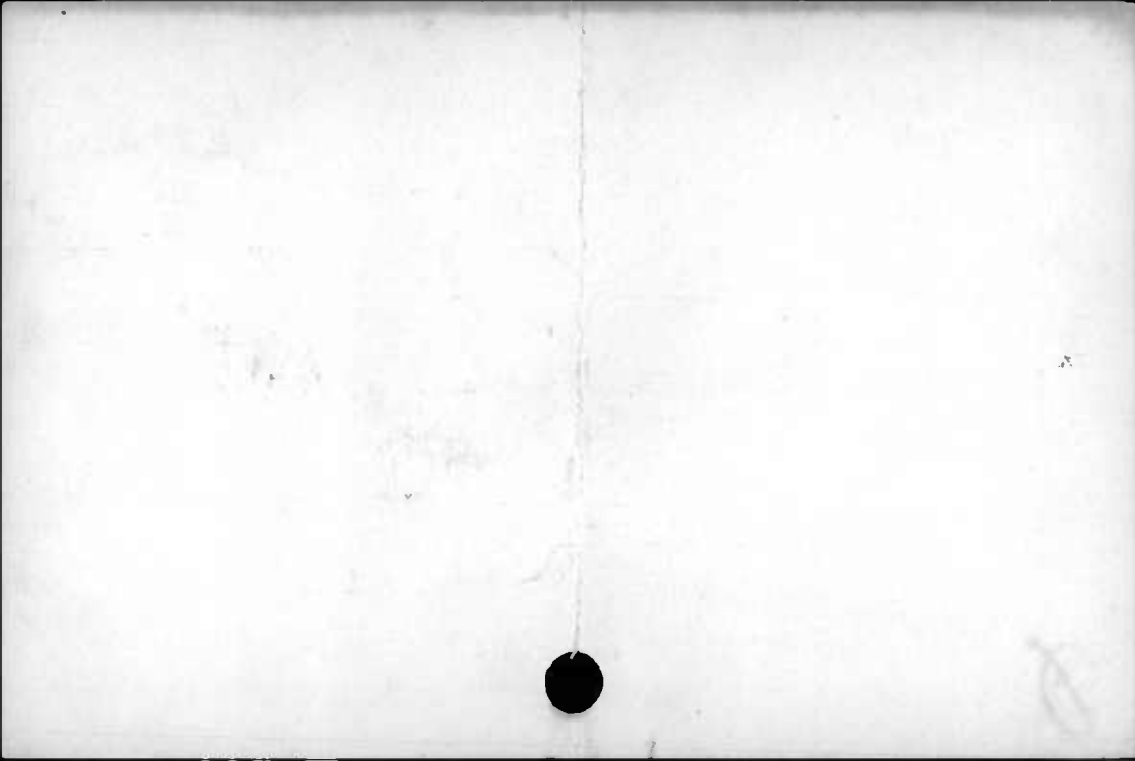
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Kellum</i>		Town <i>Bears Dam</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Bears Dam</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>about 16 yrs.</i>	
Date of death <i>1907</i>		Months <i>17</i>		Days <i>17</i>		Age <i>about 16 yrs.</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Bears Dam</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Henry Kellum</i>		Father's Birthplace <i>Bears Dam, Pa.</i>					
Mother's Maiden Name <i>- Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>(Signature)</i>		How related to deceased <i>(Signature)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>about 1 yr.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. F. Bunsen</i>	
		Address <i>Texas Int.</i>	
Accident or Suicide?			



Name

in
Full

Oscar

Kimmarrle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	Jan	Day	8
Age		Years		Months	15
Sex		female		Birthplace	Baltimore, Md.
Color or Race		white		Where Residing if not at place of death	
Occupation					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Chas. Kimmarrle		Father's Birthplace	
Mother's Maiden Name		Barbara Kreffel		Mother's Birthplace	
Name of person giving information		Chas. Kimmarrle		How related to deceased	
				father	

CAUSES OF DEATH

Primary	Pseudo Membranous Laryngitis	How long	4 1/8 hrs.
Immediate	Cyanosis + Toxemia	How long	3 or 4 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. Wright	
		Address	
		515 E. Canton & Dillon Sts.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

copy

Name
in
Full

Still born child of Andrew & Audia Kormanauer

CERTIFICATE OF DEATH

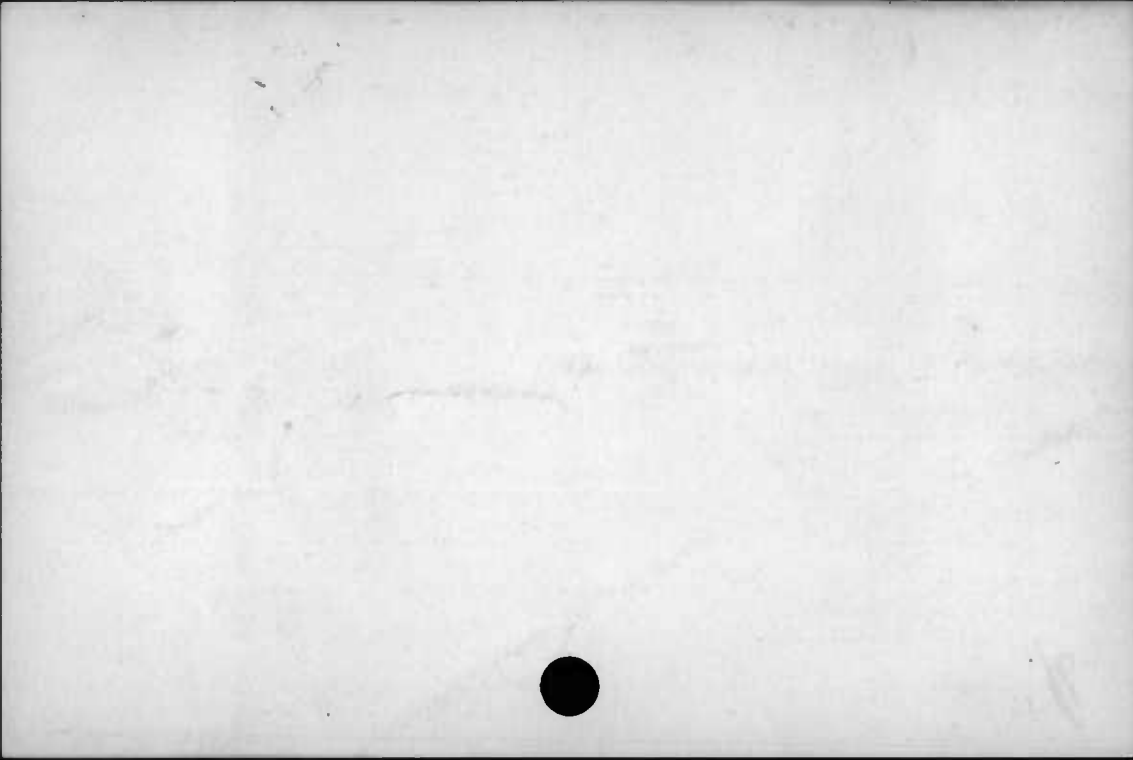
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month} <i>January</i> ^{Day} <i>27</i>	Age	<i>27</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex	<i>White</i> ^{Color or Race}	Birth-place <i>27 O'Donnell St.</i>			
Occupation <i>Copper Refiner</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Andrew Kormanauer</i>		Father's Birthplace <i>Baltimore City</i>			
Mother's Maiden Name <i>Amelia Litzner</i>		Mother's Birthplace <i>Baltimore Co.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mrs Burkhardt</i>	
	Address <i>1011 Bouldin St.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marranna Powalski</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Baltimore</i>		Date of death <i>1907 Jan. 12</i>		Age <i>5 days</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore County</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Martin Powalski</i>		Father's Birthplace <i>Baltimore City</i>					
Mother's Maiden Name <i>Cecilia Brodka</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Martin Powalski</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasm</i>	How long <i>71</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>David A. Thompson</i>
	Address <i>1500 Highland Ave</i>
Accident or Suicide? <i>—</i>	<i>Baltimore County Md.</i>

Henry's Son
Holy Pray Cen

Name
in
Full

Lanny (Landowner)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawson		County Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Jan	30	Age 75			
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Germany	
				Where Residing if not at place of death Baltimore			
Married, Single or Widowed		Married		Name of Wife or Husband Moritz Landowner			
Father's Name		Ruben Fieberberger				Father's Birthplace Bavaria	
Mother's Maiden Name		Unknown				Mother's Birthplace Bavaria	
Name of person giving information		Dr W. R. Duntun Jr				How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility (Arterio-sclerosis)	How long	2 yrs +
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yrs	
Accident or Suicide?		No	

Signature of Physician

Address

Wm Rush Duntun Jr
Lawson, Md

Jacob Ahrens
Undertaker
156 Newcourt St
Hebrew Cemetery

Name
in
FullMike ^{Lautiere} Sandy JAN 11 1907 CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>		Month <u>1</u>	Day <u>13</u>	Age <u>22</u> Years	Months <u>22</u> Days
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Alfonse Lautiere</u>			Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Francisca Fort</u>			Mother's Birthplace <u>Italy</u>		
Name of person giving information <u>Frank Parlem</u>			How related to deceased <u>step brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>92</u>	How long
Immediate <u>Broncho-pneumonia</u>		How long <u>about 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. T. C. Bussey</u>	
	Address <u>Texas</u>	
	<u>Md.</u>	
Accident or Suicide?		

To Be Perused By
Euseb & Prior
at St Josephs
Leys

John Wesley Lee


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Towson</i>		<i>County</i> <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	1	Day	27
Age	77	Years	77	Months	11
Sex	Male	Color or Race	White	Birthplace	Balto Co
Occupation	Retired Merchant		Where Residing if not at place of death <i>Towson</i>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Emily Lee deceased</i>		
Father's Name	<i>William Lee</i>		Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name	<i>Rebecca Perine</i>		Mother's Birthplace <i>Balto Co</i>		
Name of person giving information	<i>Mrs H. H. Hook</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic cystitis (10 years)</i>	How long	<i>10 years</i>
Immediate	<i>Uræmia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Marsenburg</i>	
Yes.		Address <i>Towson</i>	
 Accident or Suicide?			

John Burns Esq

Prospect Hill

Pawson

July 29th 1907

Name
in
Full

CERTIFICATE OF DEATH

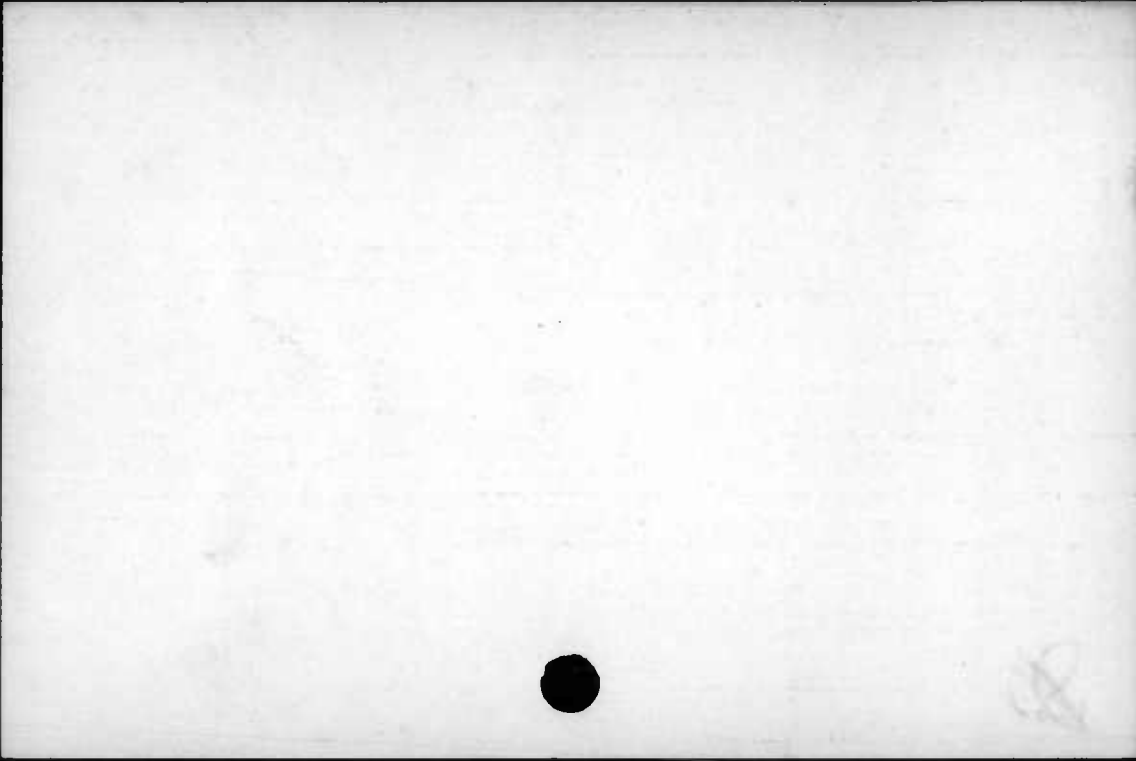
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Leatonville</i>		^{County} <i>Polk</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>27</i>	
Age <i>79</i>		Years		Months	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Miller</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <input checked="" type="checkbox"/>		Father's Birthplace <input checked="" type="checkbox"/>			
Mother's Maiden Name <input checked="" type="checkbox"/>		Mother's Birthplace <input checked="" type="checkbox"/>			
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased <input checked="" type="checkbox"/>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>6 yrs.</i>
Immediate <i>Pneumo</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. H. H. H.</i>
Address <i>Leatonville, Ind</i>	
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan.	16	50		6	29
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Elizabeth Logan				Father's Birthplace			
Ireland				Mother's Birthplace			
Mother's Maiden Name				Susan Williams			
Name of person giving information				Elizabeth Logan			
				How related to deceased			
				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	Two weeks
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

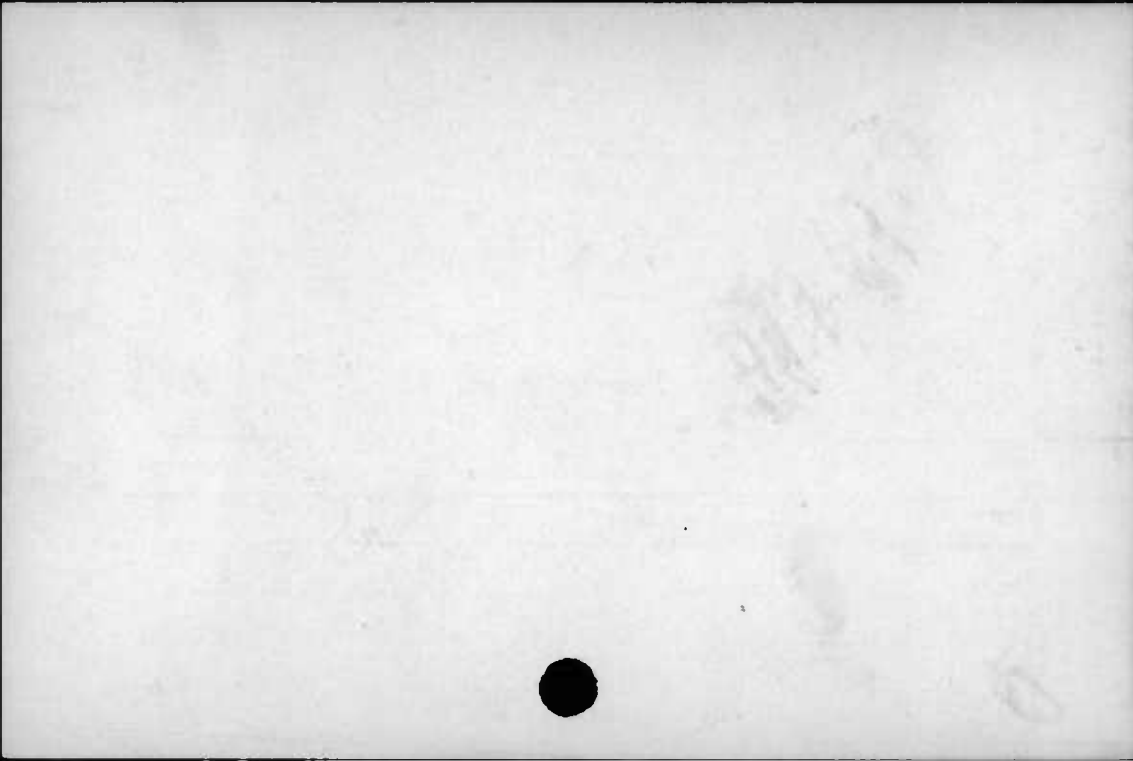
Yes

Signature of Physician

Address

E. B. Britton M.D.
1711 E. 12th St.

Accident or Suicide?



Name
in
Full

Andrew Larber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Off Millers Island</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907 Jan 20</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>_____</i>	
Occupation <i>Sailor</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>_____ Unknown</i>	Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____ Unknown</i>	Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Robert M. G. G.</i>	How related to deceased <i>_____</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	<i>172</i>	How long <i>_____</i>
Immediate <i>_____</i>		How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>John H. Davis</i>	
<i>Accident</i>	Address <i>Crooner</i>	
<i>Accident or Suicide? Drowning</i>	<i>Annapolis</i>	



Name
in
Full

Michael Lordi

JAN 12 1937

CERTIFICATE OF DEATH

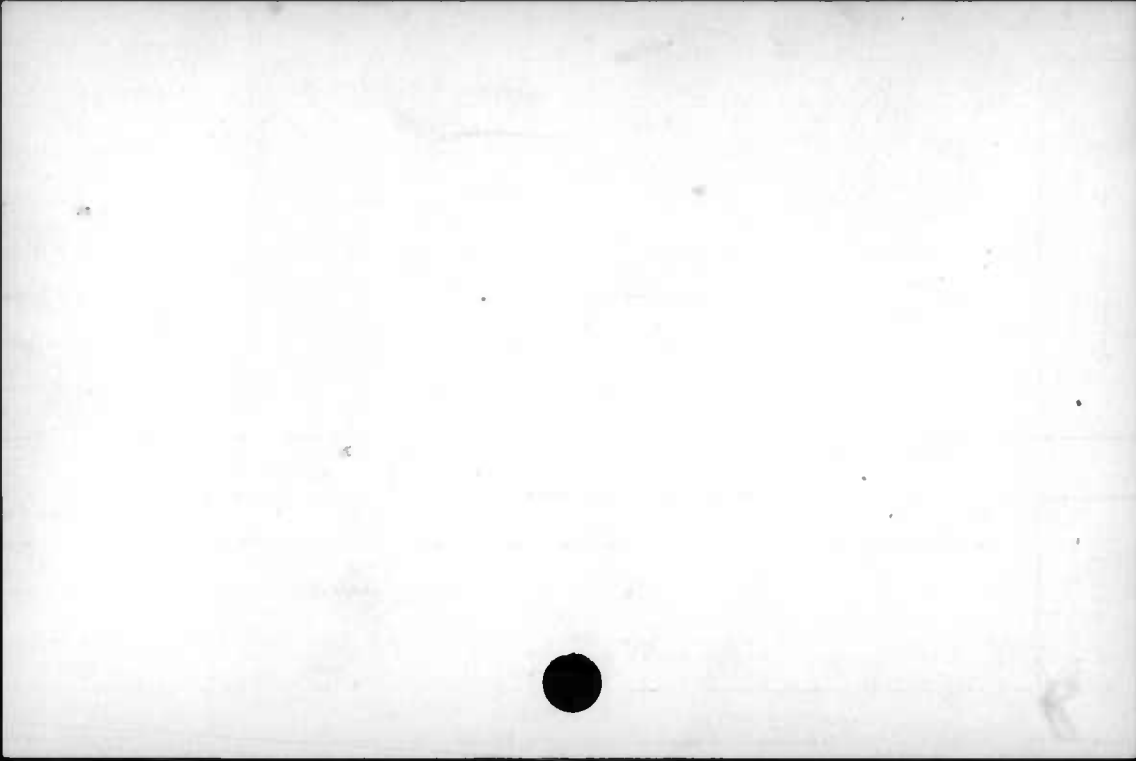
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay View</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	7	Day	15
Age	29	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Italy
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name	Vincent Lordi			Father's Birthplace	Italy
Mother's Maiden Name	Donata Lordi			Mother's Birthplace	Italy
Name of person giving information	Patricia Lordi			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long	<i>immediate</i>
Immediate	<i>Killed</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
<i>Killed by being run over by train on the B. & O. Ry.</i>		Signature of Physician	
<i>Accident</i>		Address	
		<i>203 Loane St. Crown</i>	



Name
in
Full

Margaret Lutz

CERTIFICATE OF DEATH

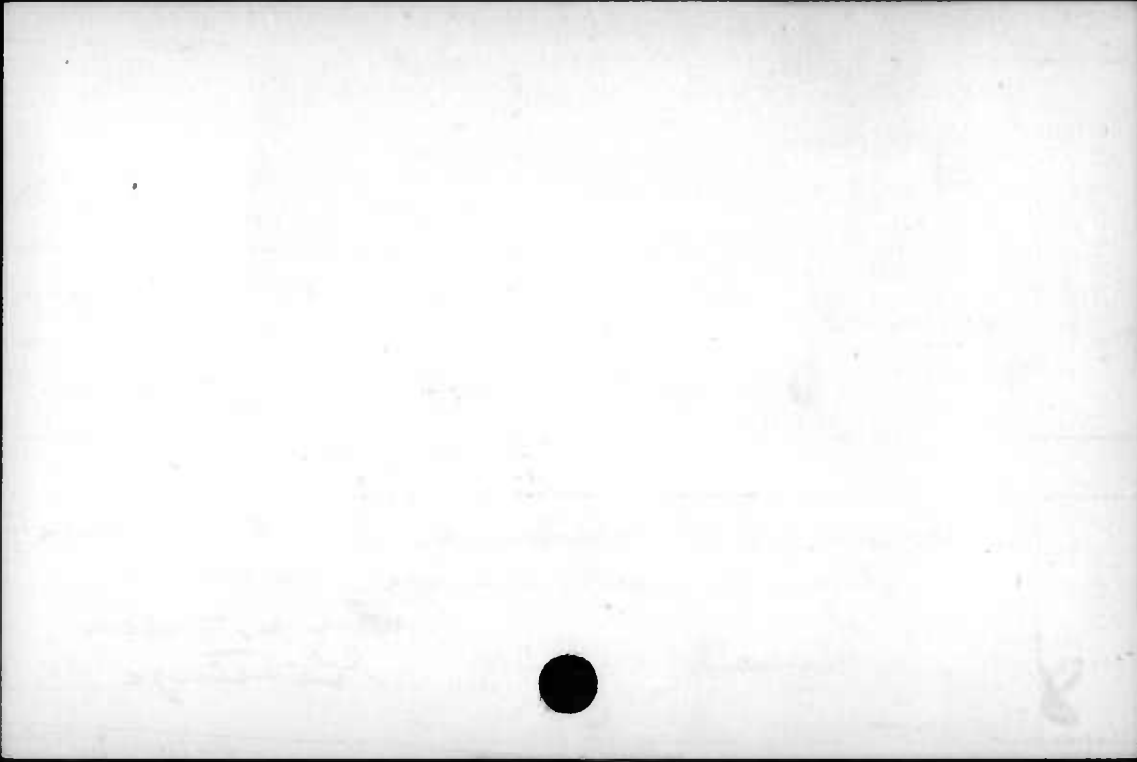
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan	9th	80		7	
Sex		Color or Race		Birth-place			
Female		White		Germany			
Occupation				Where Residing if not at place of death			
Housework							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		William Lutz					
Father's Name		Father's Birthplace					
Christopher Seifert		Germany					
Mother's Maiden Name		Mother's Birthplace					
not known		"					
Name of person giving information		How related to deceased					
Harry Lutz		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Head of humerus	How long	✓
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. D. Corse	
Well and fractured head of humerus.		Address	
Accident or Suicide?		Gardenville	
Accident.			



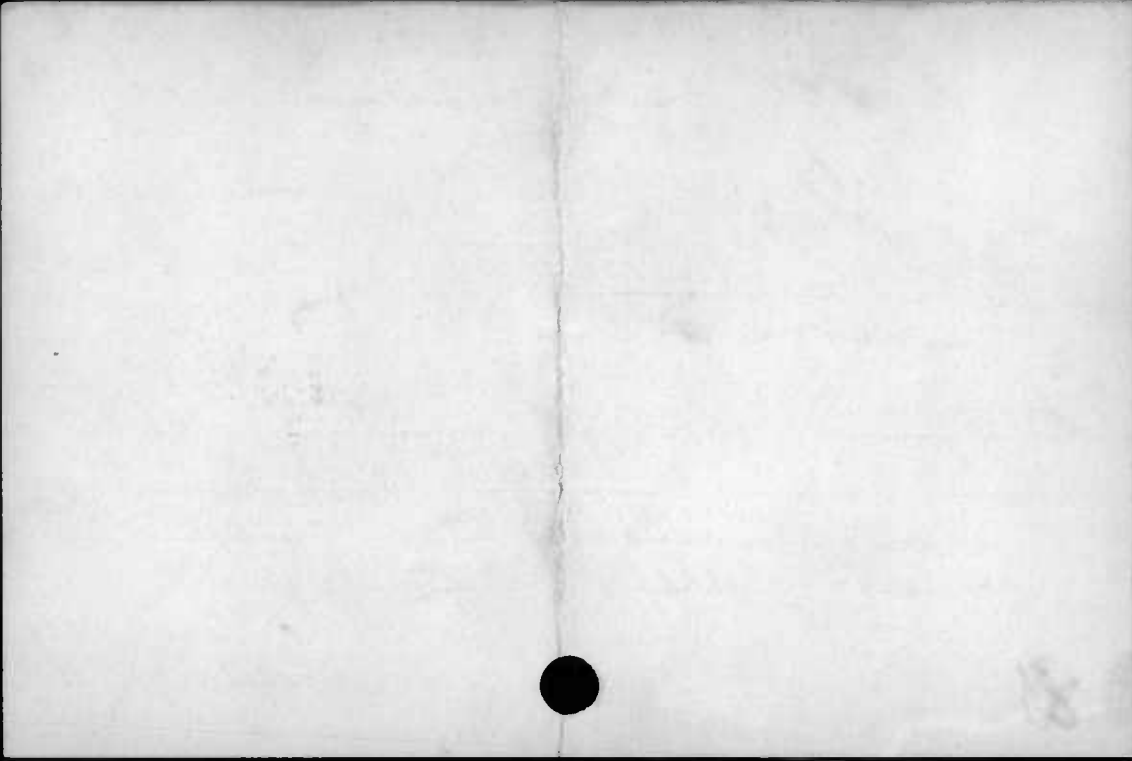
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Greenwood</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907 Jan.</i>	Month	Day <i>7</i>	Years <i>83</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Amos McComas</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Glenn</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Amos McComas</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary	<i>Organic heart disease</i>	How long <i>3 or more years</i>
Immediate	<i>Acute Congestion Kidneys</i>	How long <i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John S. Green</i>
		Address <i>Hittings</i>
Accident or Suicide? _____		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan	24	42			
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Unknown		Name of Wife or Husband				
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

154

Infirmities of age

2 months

Dr. P. C. Bussey
Texas

Md.

To be buried at -
St Josephs Texas

Name
in
Full

Frank Mc Greevy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Govanstown		Baltimore					
Date of death	1907	Month	Jan	Day	16	Age	38
Sex	male	Color or Race	white	Birth-place	Maryland		
Occupation	painter		Where Residing if not at place of death		Govanstown		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Patrick Mc Greevy				Father's Birthplace	Ireland	
Mother's Maiden Name	Margaret M. McIntyre				Mother's Birthplace	Ireland	
Name of person giving information	Mrs Mc Greevy				How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Several months
Immediate	Exhaustion	How long	Couple Weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. H. Duncan
		Address	Govanstown Md
Accident or Suicide?			

St Mary, Lem
Gorhamstown
Martin Fisher & Sons
Undertakers

Name
in
Full

Thomas W. Mahoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Jan.</i>	Day <i>20</i>	Age <i>56</i>	Years <i>13</i>	Months <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>Labour</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Mahoney</i>			
Father's Name <i>Thomas Mahoney</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Rice</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Catherine Mahoney</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Labour Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John L. Gough</i>	
		Address <i>Bland Gough Highlandtown</i>	
Accident or Suicide? <i>No</i>			

Dr. Trux.

St. Patrick's Cem.

H. Lander Son

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highlandtown</i>		County <i>Baltimore</i>	
		Date of death <i>1907 Jan 8</i>		Age <i>25</i> Years	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Housework</i>		Birth-place <i>Del.</i>	
		Where Residing if not at place of death <i>610 1/2 Eastern Ave.</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Oscar H. Medaury</i>	
		Father's Name <i>Francis E. McCauley</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Jennie Walburg</i>		Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Jennie McCauley</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Lobar Pneumonia</i>		How long <i>1 week</i>	
		Immediate <i>Exhaustion</i>		How long <i>6 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. L. Prusack</i>	
		Accident or Suicide? <i>No</i>		Address <i>3 and 1/2 South Highlandtown</i>	

Oak Lawn Cemetery

Jan 11th 1907

Germanus Tirance

Name
in
Full

Mary E. Mellor

CERTIFICATE OF DEATH

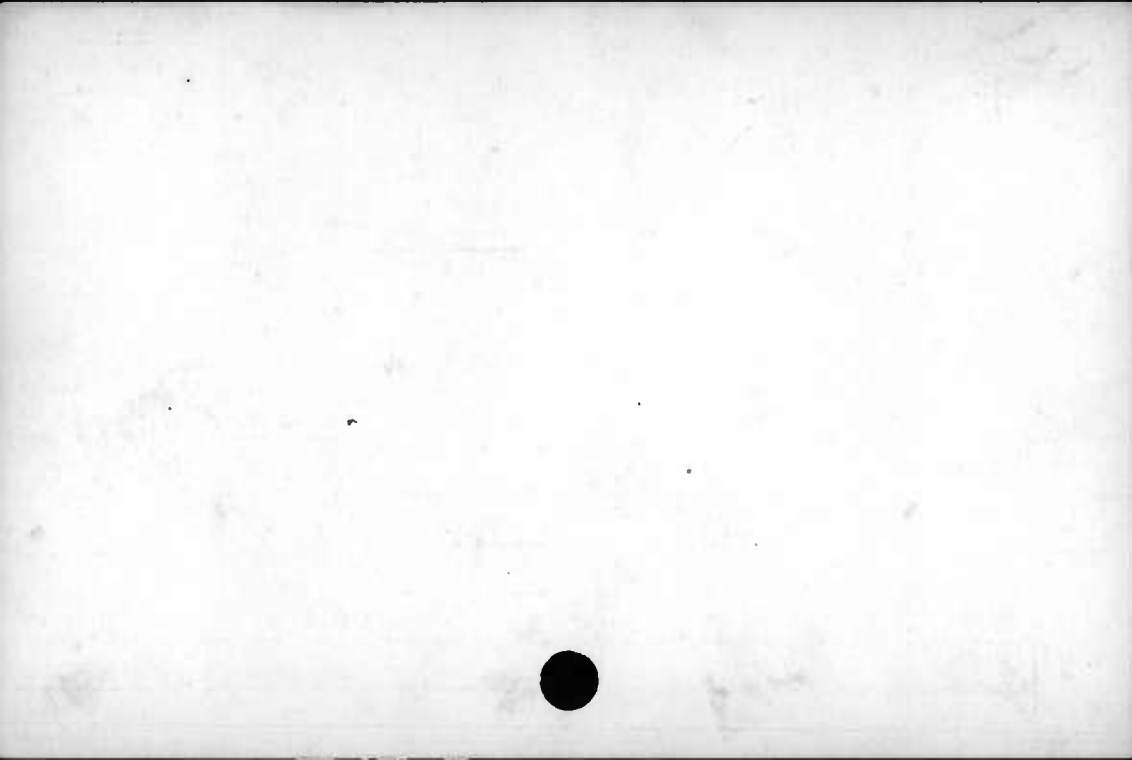
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Second</i> ^{Town} <i>District</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	Jan	Day	10
Age	64	Years		Months	2
Sex	Female	Color or Race	White	Birth-place	Balt. Co. Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Widow Husband	Joshua T. Mellor		
Father's Name	George Waters		Father's Birthplace	Do not know	
Mother's Maiden Name	Elizabeth Hobson		Mother's Birthplace	Do not know	
Name of person giving information	Susie Waters		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitis	How long	50 years
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	Albertain, Md.
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockland</u> ^{Town}		<u>Balt's.</u> ^{County}	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>7</u>	Age <u>1</u> ^{Years}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Rockland</u>	Months <u>17</u> ⁵ Days
Occupation <u>None</u>	Where Residing if not at place of death <u>Rockland</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>John Merryman</u>	Father's Birthplace <u>Balt's. Co.</u>		
Mother's Maiden Name <u>Mollie Lee</u>	Mother's Birthplace <u>Balt's. Co.</u>		
Name of person giving information <u>Mrs Mollie Merryman</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intestinal & Griffe</u>	How long <u>Three days</u>
Immediate <u>Convulsions</u>	How long <u>Four hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>William D. Smith</u>
<u>8</u>	Address <u>Rider.</u>
Accident or Suicide? <u>✓</u>	<u>Med.</u>

Place of Burial
Saters Cemetery
Chestnut-Ridge

John Burns Sm's

Name
in
Full

Fanny Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grovestown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>1</i>	Day	<i>9</i>
				Years	<i>36</i>
Sex	<i>female</i>	Color or Race	<i>White</i>	Birthplace	<i>Falbotto Md</i>
Occupation	<i>Laundry work</i>		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Married</i>	Name of Husband	<i>Henry Miller</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Fanny Hunter</i>			How related to deceased	<i>Neighbor</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Faund dead in bed</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Massenburg M.D.</i>		
<i>Yes</i>	Address <i>Faund</i>		
Accident or Suicide? <i>Author Jos. B. Herbert. Coroner.</i>			

Robert-A Elliott
undertaken

Name
in
Full

Sarah M. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Wman Balt Co		County Baltimore Co		MARYLAND	
Date of death 1907	Month Jan 11	Day 11th	Age 78	Years	Months 11	Days	
Sex Female		Color or Race White		Birth- place Balt- Md			
Married, Single or Widowed Widow		Occupation None					
Name of Wife Husband Bernard M. Miller							
Father's Name Capt. Georg W Cook		Father's Birthplace England					
Mother's Maiden Name Unknown		Mother's Birthplace "					
Name of person giving In formation Henry J. Commercial		How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Grippe	How long (10)
Immediate Exhaustion	How long 7 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. B. Hall
	Address Mt Wman
Accident or Suicide?	

John W. Zenfel
Western Cemetery

Name
in
Full

CERTIFICATE OF DEATH

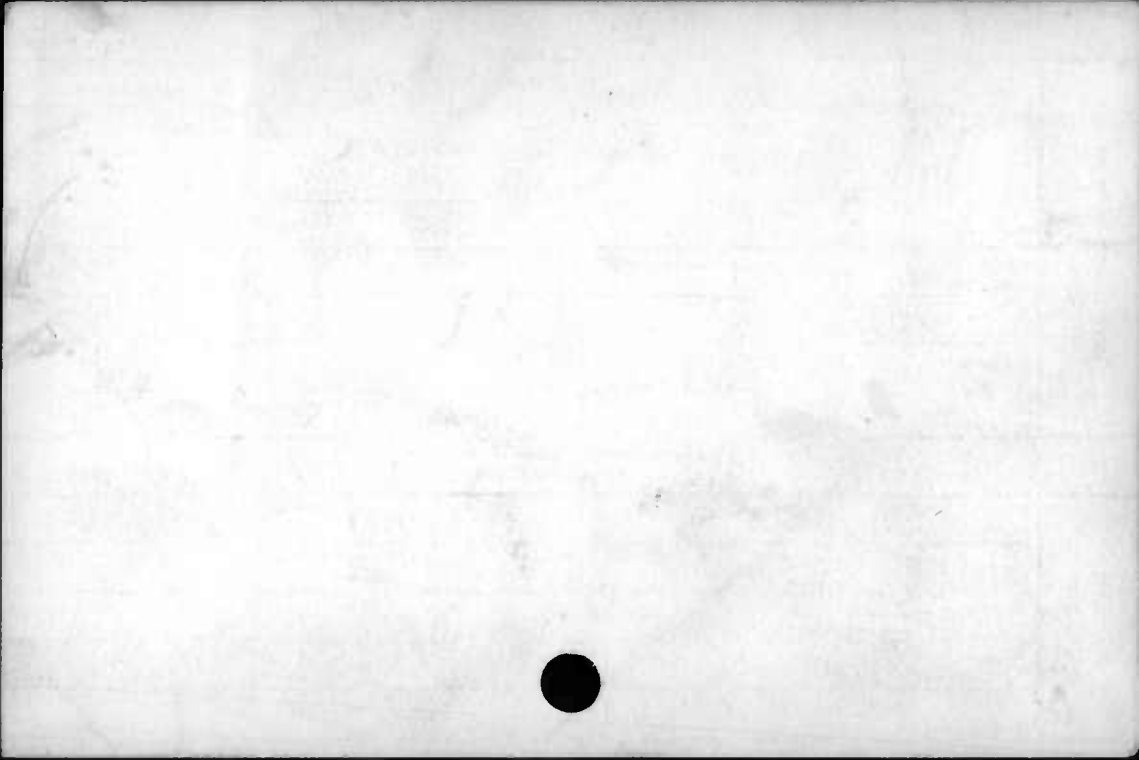
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harroville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month} <u>Jan.</u> ^{Day}	Age	<u>24</u> ^{Years}	<u>9</u> ^{Months}	<u>10</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto. Co.</u>
Occupation	<u>Trucker</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Mary E. Schuender</u>		
Father's Name	<u>Joseph Muth</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Elizabeth Rossener</u>		Mother's Birthplace	<u>Balto Co</u>	
Name of person giving information	<u>John Muth</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Breast Disease</u>	How long	<u>17</u> ^{months}
Immediate	<u>Exhaustion</u>	How long	<u>18</u> ^{months}
Are the name, age, sex, color, date and place correctly given above?	<u>To best of my knowledge</u>		
Signature of Physician	<u>Lindsay Whiteford</u>		
Address	<u>Fullerton, Mo.</u>		
Accident or Suicide?	<u></u>		



Name in Full		Johanna Oed				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death	1907	Month 1	Day 2	Age 53	Years 3	Months —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	Married		Name of Wife or Husband	Benjamin Oed		
	Father's Name	George Leonhardt		Father's Birthplace	Germany		
	Mother's Maiden Name	Unknown		Mother's Birthplace	—		
	Name of person giving information	Mrs. Braudt		How related to deceased	Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Appoplexy			How long	—	
	Immediate	Meningitis			How long	2 days.	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. F. A. Glauke	
	Accident or Suicide?				Address	41 Eastern Ave. El.	



Name
in
Full

Louis R. Peacock,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

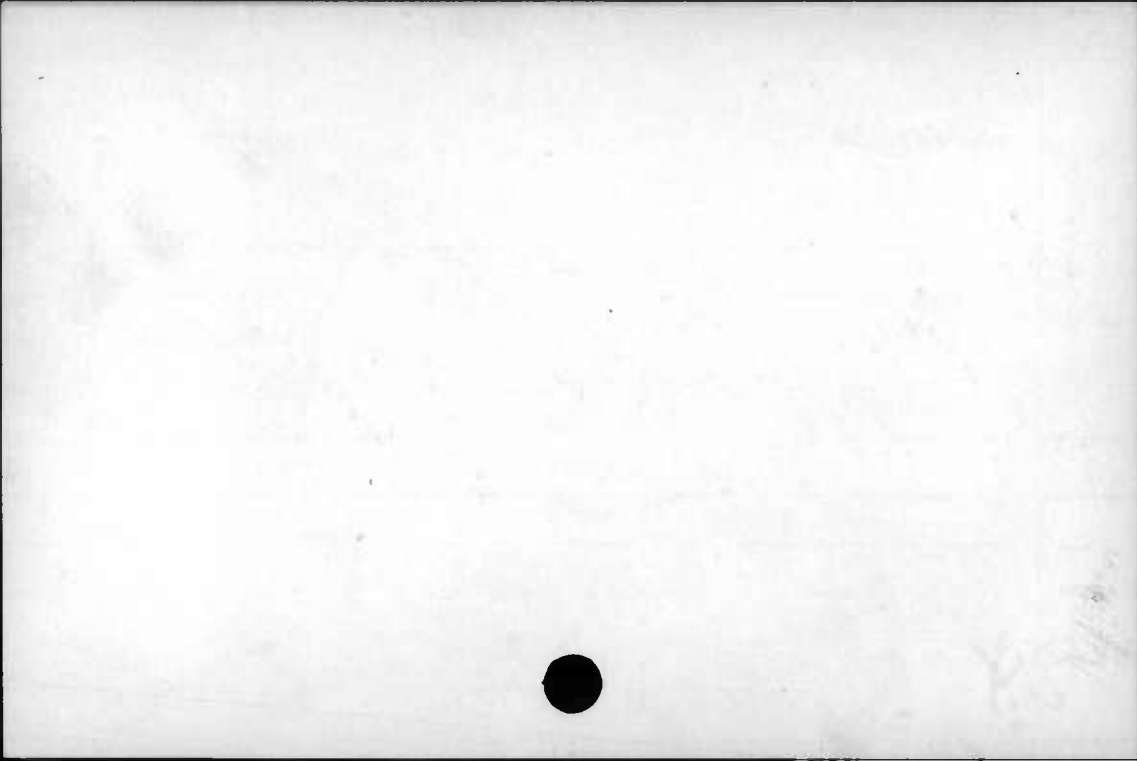
Died at <u>Lea^{town}</u>		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	15
Age		Years	4	Months	24
Sex	Male	Color or Race	White	Birth-place	Lea ^{town} 2nd
Occupation		Where Residing if not at place of death			
		204 Elliott St.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph C. Peacock			Father's Birthplace	MD
Mother's Maiden Name	Maggie W. Peacock			Mother's Birthplace	
Name of person giving information	Maggie W. Peacock			How related to deceased	Mother

CAUSES OF DEATH

Primary	Natural	How long	4 months
Immediate	Dysentery	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		P. H. Dunningham	
Address		203 Toome St.	
Accident or Suicide?		Natural	

PHYSICIAN
P. H. Dunningham





Name in Full		Certificate of Death			
Peter Leaton, H.		MARYLAND			
Died at <u>Leatonsville</u> ^{Town} <u>Balto.</u> ^{County}					
Date of death <u>1907</u> ^{Month} <u>June</u> ^{Day} <u>5</u> ^{Years} <u>65</u> ^{Months} <u>-</u> ^{Days} <u>-</u>					
Sex <u>Male</u> Color or Race <u>White</u> Birth-place <u>Maryland</u>					
Occupation <u>None</u> Where Residing if not at place of death <u>Spring Grove</u>					
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>X</u>					
Father's Name <u>John Peters</u> Father's Birthplace <u>Balto Md</u>					
Mother's Maiden Name <u>Not Known</u> Mother's Birthplace <u>Balto Md</u>					
Name of person giving information <u>Annie M. Peters</u> How related to deceased <u>Sister</u>					
CAUSES OF DEATH					
Primary <u>Dementia</u> How long <u>30 yrs -</u>					
Immediate <u>Valvular Disease</u> How long <u>1 year</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yr.</u>		Signature of Physician <u>Dr. R. H. Rude</u>			
Address <u>Leatonsville, Md</u>					
Accident or Suicide? <u>No</u>					

For B Cook
1003 20 Buld St.

Name
in
Full

Baby. Phillips.

CERTIFICATE OF DEATH

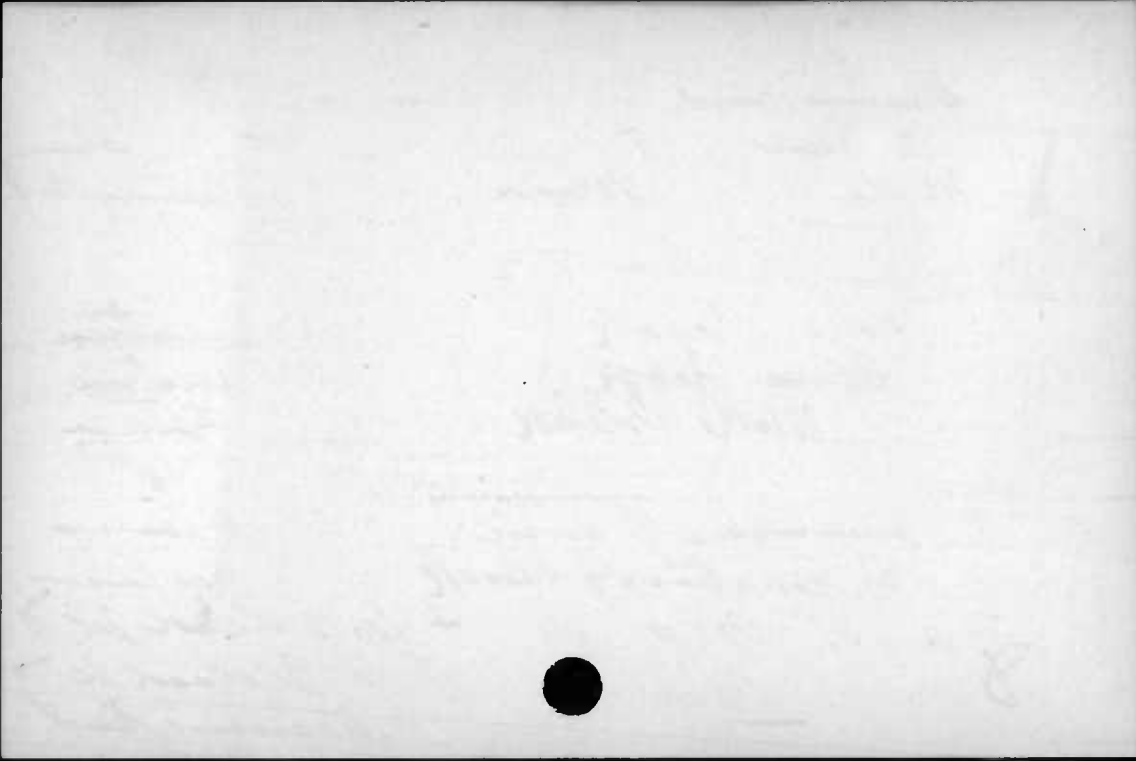
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonville</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small>		<u>Jan</u> <small>Day</small>	<u>16</u> <small>Age</small>	<u> </u> <small>Years</small>	<u> </u> <small>Months</small>
Sex <u>male</u>		Color or Race <u>Colored.</u>		Birth-place <u>Catonville</u>	
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Wm H Phillips</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Ada E Halsey</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Wm H Phillips</u>			How related to deceased <u>Father.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born.</u>	How long	<u> </u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Marshall B. Woot</u>	
		Address <u>Catonville Ind.</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

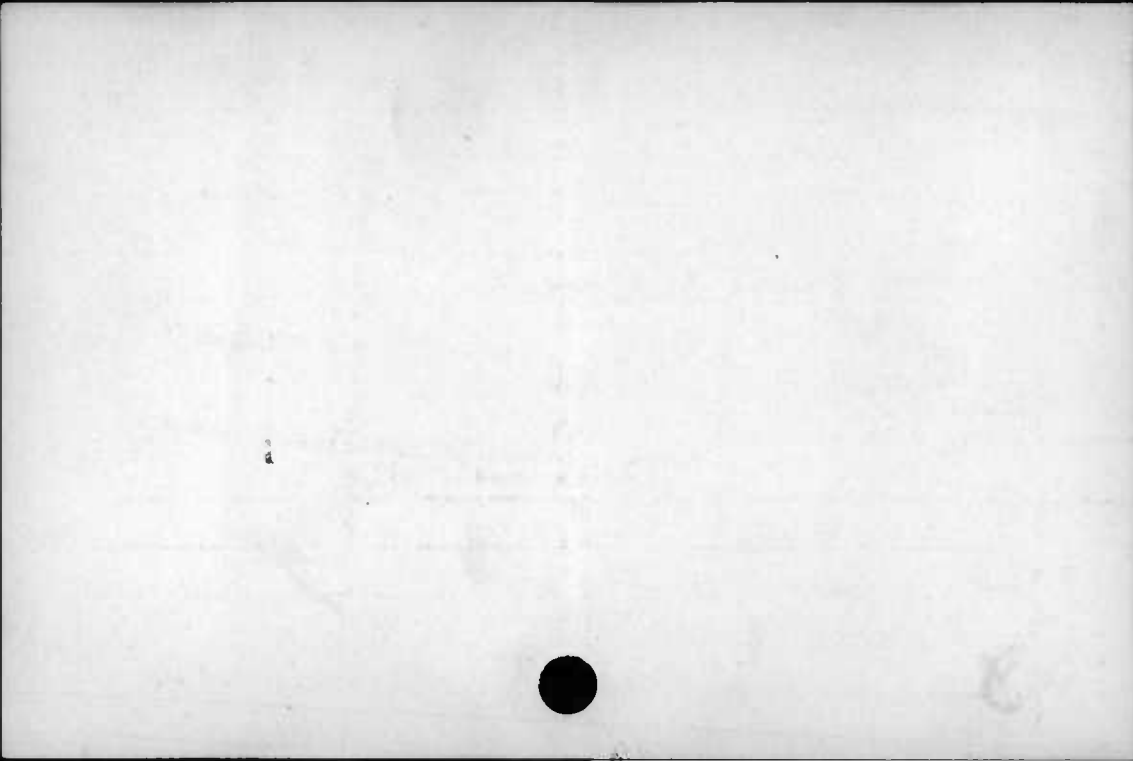
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spinnies Point</u> ^{Town}		<u>Pollak</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>June</u> ^{Month}	<u>15</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Spinnies Point</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Mike Pollak</u>			Father's Birthplace <u>Austria</u>		
Mother's Maiden Name <u>Clara Guzi</u>			Mother's Birthplace <u>Austria</u>		
Name of person giving information <u>Mike Pollak</u>			How related to deceased <u>Father</u>		

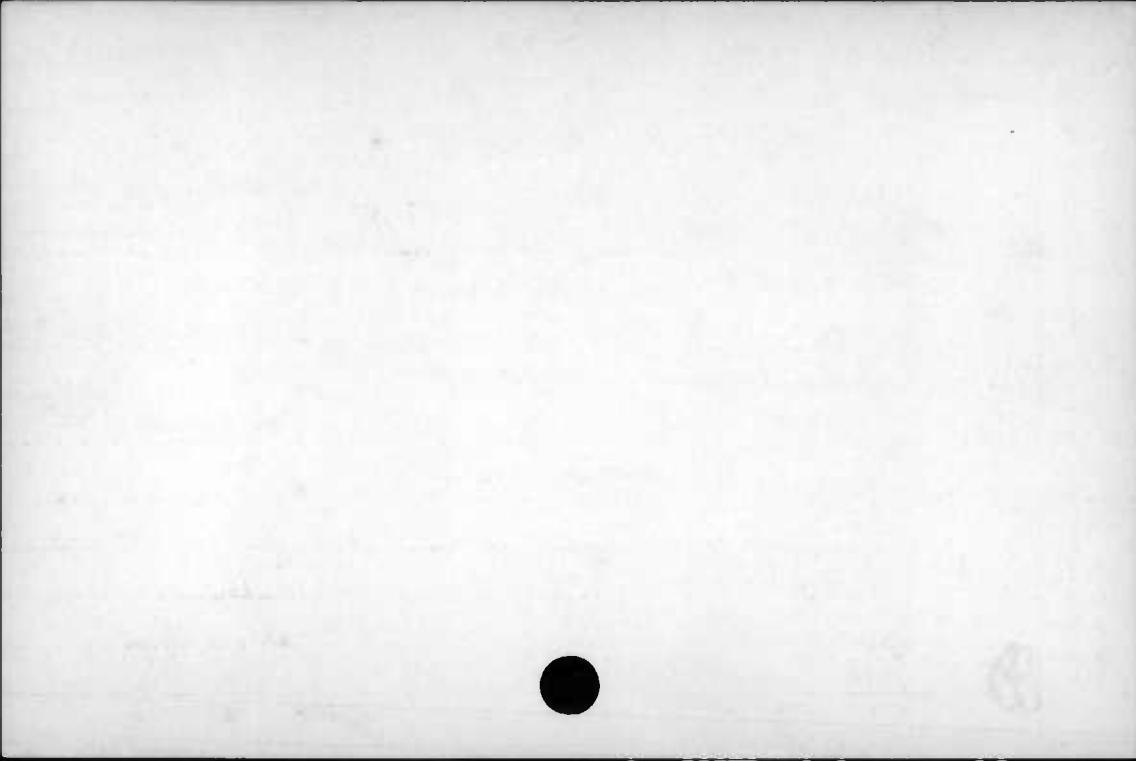
CAUSES OF DEATH


PHYSICIAN
OR CORONER

Primary <u>Embolism of cords</u>	How long <u>2 hours</u>
Immediate <u>Exhaustion & shock</u>	How long <u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. E. Aldred M.D.</u>
<u>X</u>	Address <u>F. E. Aldred M.D.</u>
Accident or Suicide? <u> </u>	<u>Spinnies Point</u>



Name in Full		Joseph T. Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 190		Month	Day	Age	Years
		Sex		Color or Race		Birth-place	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How Related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long		How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Accident or Suicide?					



Name in Full		Lucina Price		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Crivings Mills</i>		County <i>Balto</i>	
	Date of death	1907	Month <i>Jan</i>	Day <i>6</i>	Age <i>64</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>
	Occupation	<i>House wife</i>		Where Residing if not at place of death	<i>Balto. cc. Md</i>
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>William Price</i>
	Father's Name	<i>John Klinckinse</i>		Father's Birthplace	<i>Carroll co. Md</i>
	Mother's Maiden Name	<i>Catherine Smith</i>		Mother's Birthplace	<i>il il</i>
	Name of person giving information	<i>William Price</i>		How related to deceased	<i>Husband</i>
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Grip</i>		How long	<i>About 10 days</i>
	Immediate	<i>Paralysis</i>		How long	<i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>W. H. Barnhill</i>
			Address		<i>Crivings Mills, Md</i>
Accident or Suicide?					



8

Name
in
Full

None Purdum

CERTIFICATE OF DEATH

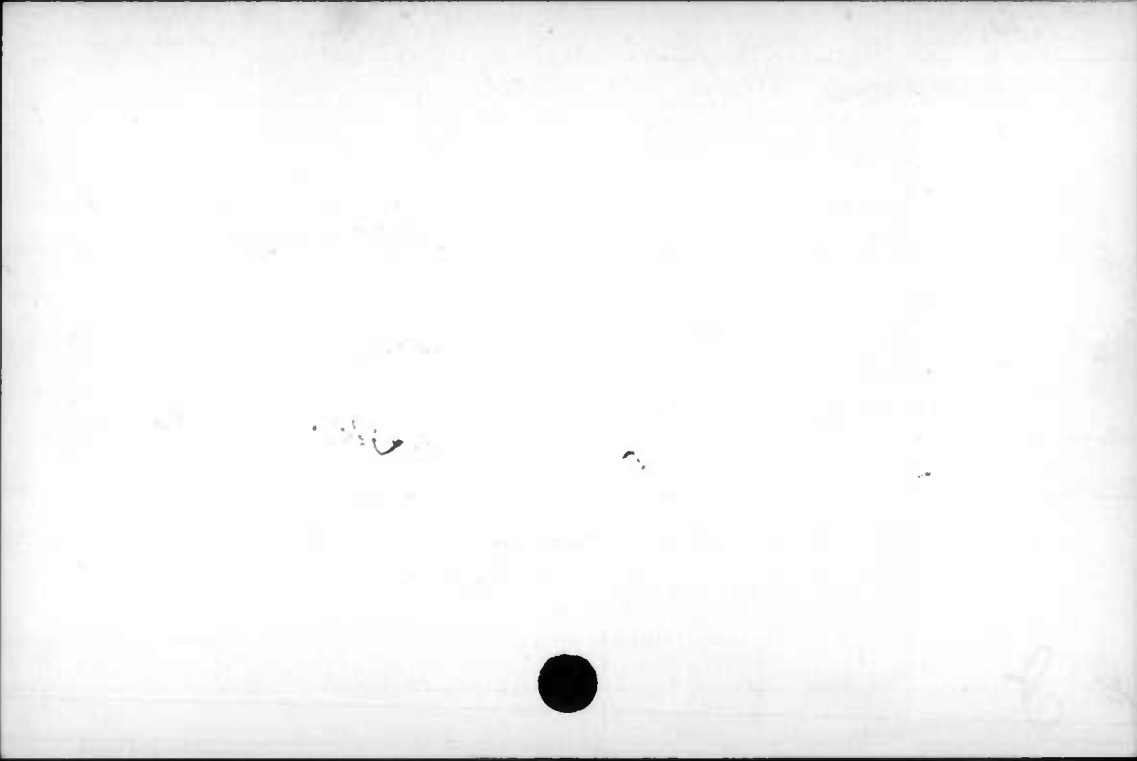
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> Town		<i>Bald-</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan'y</i>	Day	Age <i>still born</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>same</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Frank C. Purdum</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Festine Berger</i>			Mother's Birthplace		
Name of person giving information <i>F. C. Purdum</i>			How related to deceased <i>father</i>		

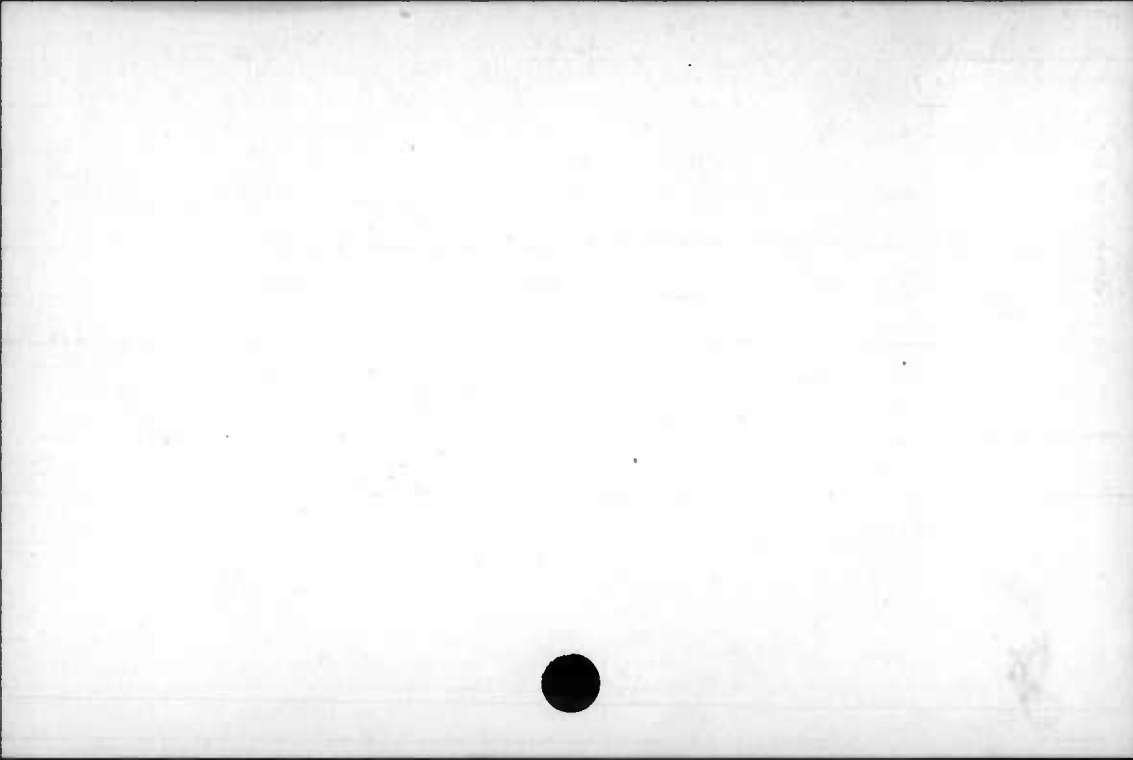
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Howard A. Coose</i>
		Address <i>Gardenville Md.</i>
Accident or Suicide?		



Name in Full		Henry J. Reith.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Mt Hope		Retriah		Baltimore		
	Date of death	1907	Month	Jan	Day	3rd	Age
	Sex		Male		Color or Race		White
	Occupation		Canvasser		Where Residing if not at place of death		Richmond Va.
	Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband				
	Unknown		Unknown				
PHYSICIAN OR CORONER	Father's Name		Unknown		Father's Birthplace		Unknown
	Mother's Maiden Name		"		Mother's Birthplace		"
	Name of person giving information		Reeds Mt Hope Retriah		How related to deceased		Not at all
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Melancholia - Toxic		How long		abt 10 or 11 mos
	Immediate		Ex - Ent - Colitis - Toxic		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Frank J. Flannery
Address		Mt Hope Retriah					
Accident or Suicide?							



Name
in
Full

Thomas L. Ridgely

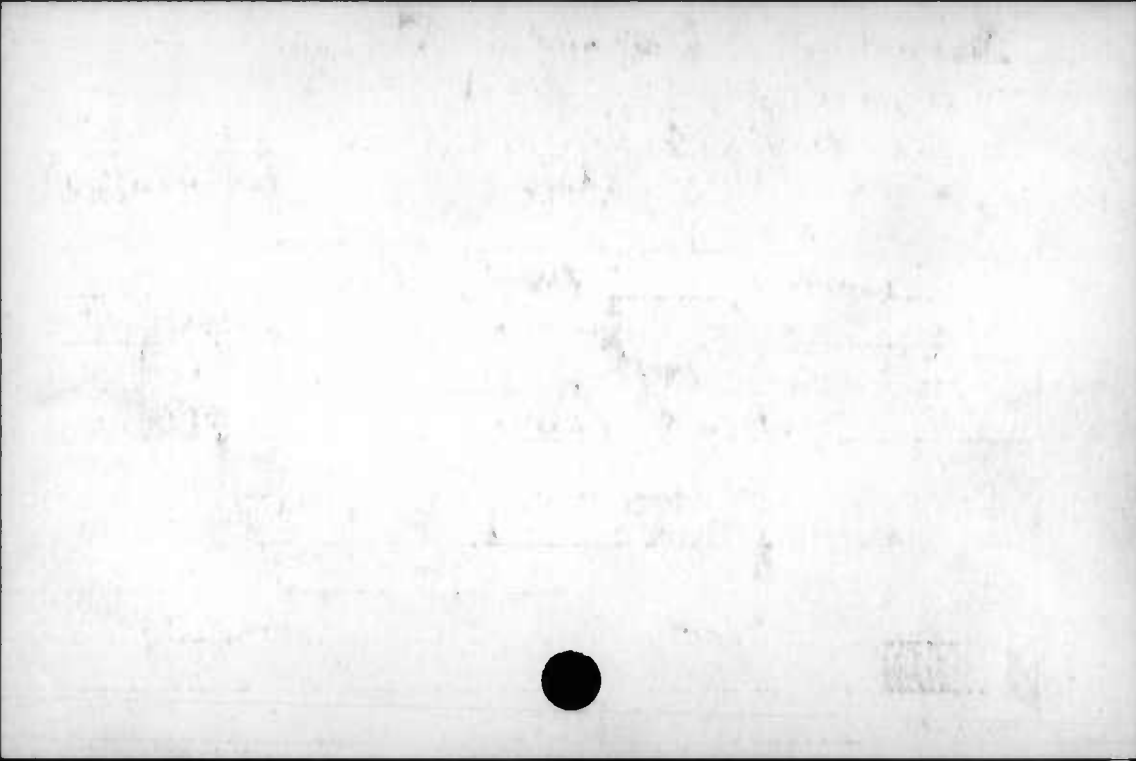
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cella</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death 1907		Month <u>July</u>	Day <u>7</u>	Age <u>83</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Unmarried</u>	Name of Wife or Husband <u>Mary Fisher</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Walter B Ridgely</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cancer of ear</u>	How long <u>44</u> <u>✓</u> <u>?</u>
	Immediate <u>Brain involvement</u>	How long <u>2 months</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>H. G. Strickland M.D.</u>
	Address <u>Felicott City</u>	
Accident or Suicide? <u>—</u>		<u>Mrs. T</u>



Name
in
Full

Francis Hells McComas Rigger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		TOWN Gorhamstown		County Baltimore		MARYLAND	
Date of death		Month June	Day 27	Age 0	Years 0	Months 5	Days 15
Sex male		Color or Race white		Birth-place Gorham, Md			
Occupation Infant -				Where Residing if not at place of death			
Married, Single or Widowed infant -		Name of Wife or Husband Infant -					
Father's Name F Morris Rigger		Father's Birthplace Balto city					
Mother's Maiden Name Emma Duke		Mother's Birthplace Balto "					
Name of person giving information F. M. Rigger		How related to deceased Father					

CAUSES OF DEATH

Primary	105	How long	6, da.
Immediate	Exhaustion	How long	" "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

No.

St Marys. Can
Jan 24/07
Wm Cooper
50 2 E. Lathen

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dist Washington</i>		Town = <i>Balt.</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>54</i>	Years	Months <i>5</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Iron Moulder</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bessie E. Riley</i>						
Father's Name <i>Alexander Riley</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Bessie L McEnroe</i>	Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Jos. M. Riley</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary *Interstitial Nephritis*  *2 yrs*
Immediate *Exhaustion* *3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Q H Beeton M.D.

Address

Dist Washington

Accident or Suicide?

2
Horace Burgee

~~South~~ Murrays Cemetery
Govan

Name
in
Full

CERTIFICATE OF DEATH

Male Infant of Abram Rodbell

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Catonsville^{County} Baltimore

Date of death 1907 Jan

Day 28

Age Years Months Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Abram Rodbell

Father's
Birthplace

Russia

Mother's
Maiden Name

Rachel

Mother's
BirthplaceName of person giving
information

Harry Bernstein

How related
to deceased

CAUSES OF DEATH

Primary

Premature Birth

How long

151

How long

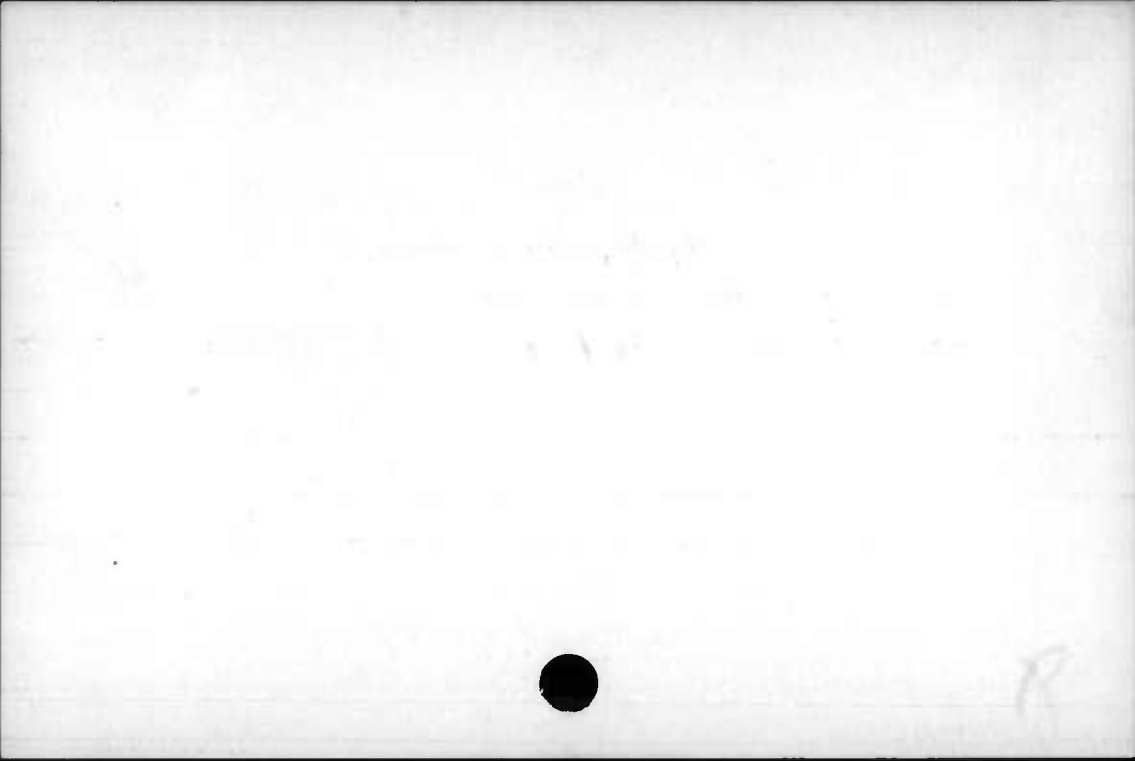
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Fred Adams M.D.
1314 1/2 Charles St
Baltimore Md.

Accident or Suicide?



Name In Full

Certificate of Death

Edward. C. Royston

Town

County

Died at Brackleyville

Bolton

MARYLAND

Data 19	Month	Day	Y.	M.	D.	Native of	Occupation
07	1	10	79	1	0	Ind	Farmer
Male	White	Married				Widow	
Female	Colored	Single				Widower	
						Number of children living	8

Husband of Mary Royston

Father's Name John Royston

Mother's

Rachel Collett

Cause of Death { Primary La Grippe + Inflammation of age 3 weeks.

Immediate Heart Failure

How long sick 3 weeks.

Accident, Suicide, Homicide

Reported by Dr. M. Rush, M.D.

Address 8 Brackleyville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind.

0170110110

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Earnest D. F. Sack

Died at **Raspeburg** ^{Town} **Balt** ^{County}

MARYLAND

Date of death **1907** ^{Month} **July** ^{Day} **15** ^{Years} **Age** **64** ^{Months} **3** ^{Days}

Sex **male** Color or Race **white** Birth-place **Germany**

Occupation **Carpenter** Where Residing if not at place of death **Raspeburg**

Married, Single or Widowed **Married** Name of Wife or Husband **Mary Sack**

Father's Name **Adam Sack** Father's Birthplace **Germany**

Mother's Maiden Name **Johanna Kuttel** Mother's Birthplace **"**

Name of person giving information **George Sack** How related to deceased **Brother**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Cancer of Stomach** **40** How long **2 yrs**

Immediate **Exhaustion** How long

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Wm. D. Gree**

Address **Gardenville**

Accident or Suicide? **no**

Balt. Cemetery -
Andrew. Rhode & Son
Prima Ave 3rd Biddle

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Math Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Jan .</i>		Day <i>20</i>		Age <i>40</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Driver</i>		Where Residing if not at place of death <i>716 East Ave</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Andrew Sauer</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>— Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Baltimore Police Station</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental</i>		<i>112</i>		How long <i>—</i>	
Immediate <i>—</i>		<i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>David A. Thompson</i>			
Accident or Suicide? <i>Accident</i>		Address <i>1500 Highland Ave Baltimore Co Md.</i>			

Sacred Heart Cemetery

March 30 th 1907

Germanus Thane

Under Lake

Name in Full				Lawrence Schenck				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton		Town		Baltimore		County		MARYLAND	
	Date of death		1907		Jan.		7		Age		7	
	Sex		Male		Color or Race		White		Birth-place		Md.	
	Occupation		none		Where Residing if not at place of death							
	Married, Single or Widowed		single		Name of Wife or Husband							
	Father's Name		Lawrence Schenck		Father's Birthplace		Md.					
	Mother's Maiden Name		May E. Clavell		Mother's Birthplace		Md.					
	Name of person giving information		Lawrence Schenck		How related to deceased		Father					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Premature Birth - 151				How long		7 days			
	Immediate		of Convulsion				How long		7 days			
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		W. J. Rumbold, M.D.			
					Address		528 Kanawha St. Baltimore					
	Accident or Suicide?											

Sacred Heart Cemetery

Jan. 8th 1907

Germanus Franke

Banq & Coiffe Sts

Under the

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leatonsville* *Pratts*Date of death *1907* *Jan* *9* *Age 50* Months DaysSex *Female* Color or Race *White* Birth-place *Ind*Occupation *Milliner* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *X* Father's Birthplace *X*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving information *X* How related to deceased *X*

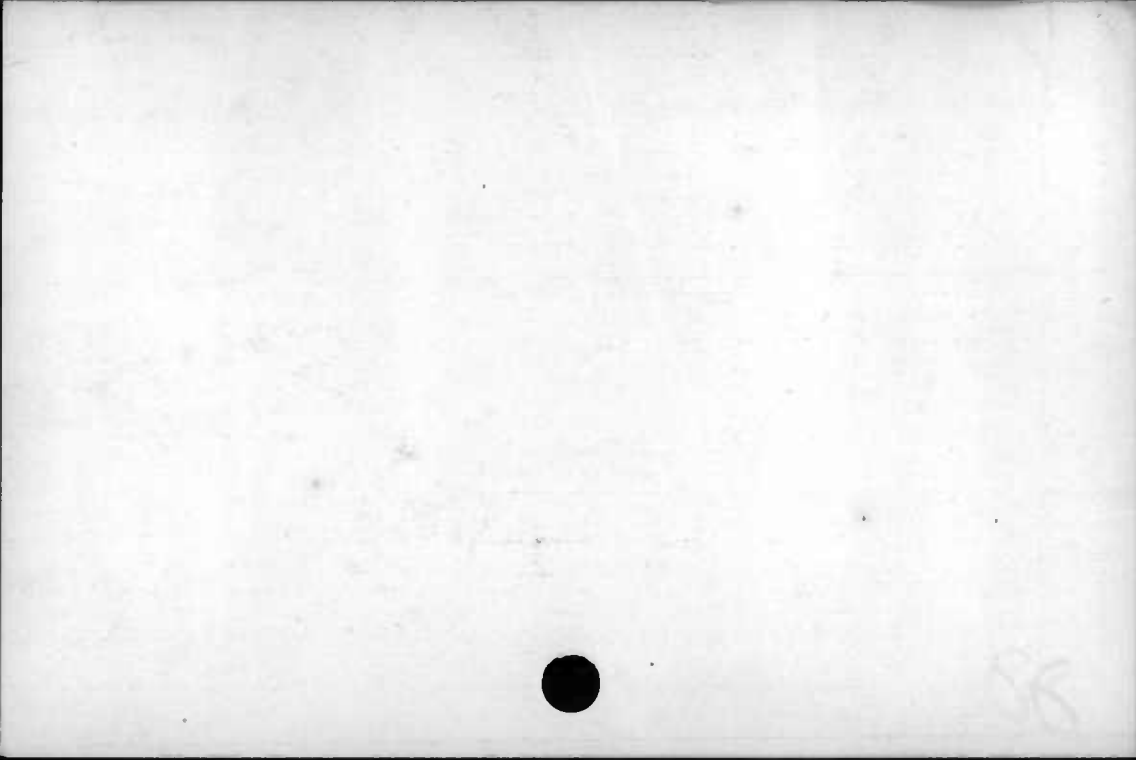
CAUSES OF DEATH

Primary *Melancholia* *92* How long *6 mo.*
Immediate *Pneumo-Pneumonia* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *No.*



Name
in
Full

Frederick William Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

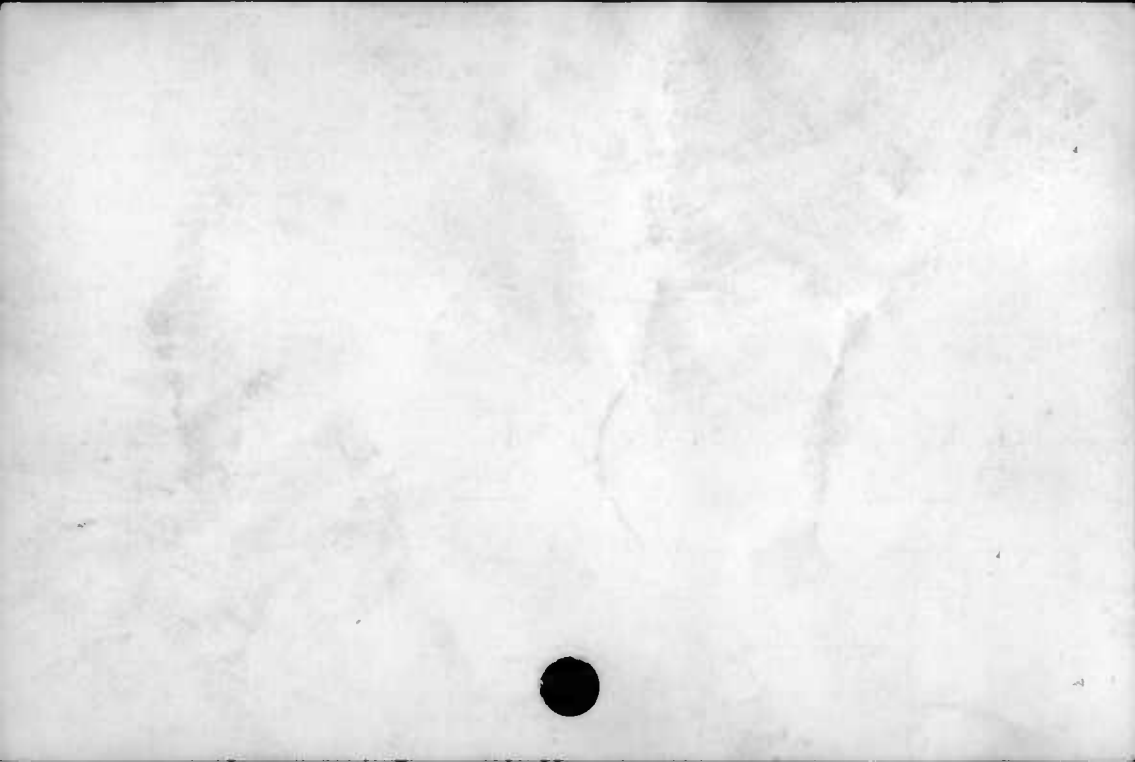
Died at <u>Cumms Mills</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>January</u> ^{Day}	<u>1</u> ^{Years}	<u>63</u> ^{Months}	<u>6</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>Cumms Mills</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Hennretta Schmidt</u>		
Father's Name	<u>Not known</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Hennretta Schroder</u>		Mother's Birthplace	<u>Germany</u>	
Name of person giving information	<u>Hugo Schmidt</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>5 days</u>
Immediate	<u>Cardiac Asthma</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm J. Buppert</u>
		Address	<u>Roslyn</u>
			<u>Baltimore Md.</u>
Accident or Suicide?			



Name
in
Full

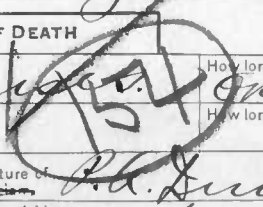
Rosanna. Schwartz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

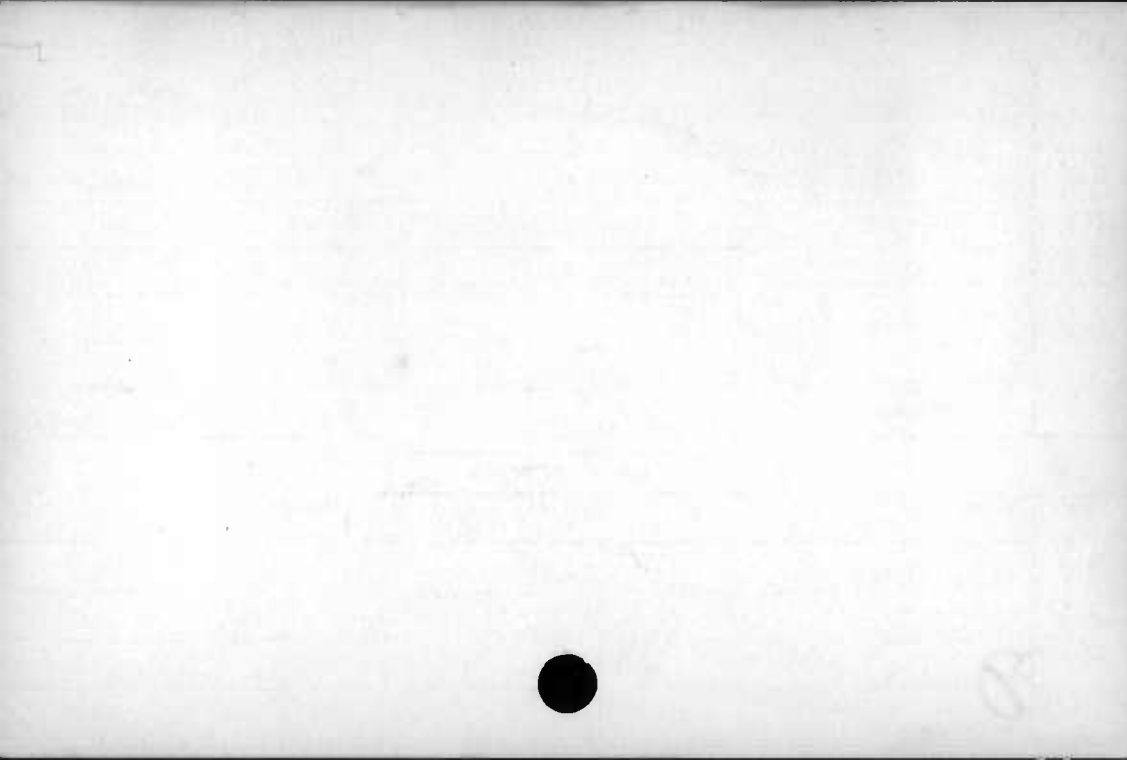
Died at <u>Baltimore</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Jan.</u> ^{Day} <u>31</u> ^{Years} <u>85</u> ^{Months} <u>2</u> ^{Days} <u>9</u>			
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Germany</u>			
Occupation <u>Domestic</u> Where Residing if not at place of death <u>Married 8th St</u>			
Married, Single or Widowed <u>Married</u> Name of Husband <u>Gen. M. Schwartz</u>			
Father's Name <u>John Nitzel</u> Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mrs. John Nitzel</u> Mother's Birthplace <u>"</u>			
Name of person giving information <u>Mary Schwartz</u> How related to deceased <u>Daughter-in-law</u>			

CAUSES OF DEATH

Primary <u>Natural Causes</u> ^{How long} <u>One year</u>	
Immediate <u>Old age</u> ^{How long} <u>"</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. H. Dunningan</u>
<u>Natural</u>	Address <u>203 Foote St. Crooner</u>

PHYSICIAN
OR
CORONER

P. H. Dunningan



Name
in
Full

Henry Schuring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Wt Washington* TownCounty *Balt.*

MARYLAND

Date
of death *1907*Month
*1*Day
*19*Age
81 YearsMonths
1

Days

Sex *Male*Color or
Race*White*Birth-
place*Germany*Occupation *Immigrant*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Sophia Schuring*Father's
Name*Unknown*Father's
Birthplace*Germany*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Germany*Name of person giving
In formation*Mrs Mary Guise*How related
to deceased*Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long

Two months

Immediate

Exhaustion

How long

*12 hrs*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*CH Becton*

Address

Wt Washington

Accident or Suicide?

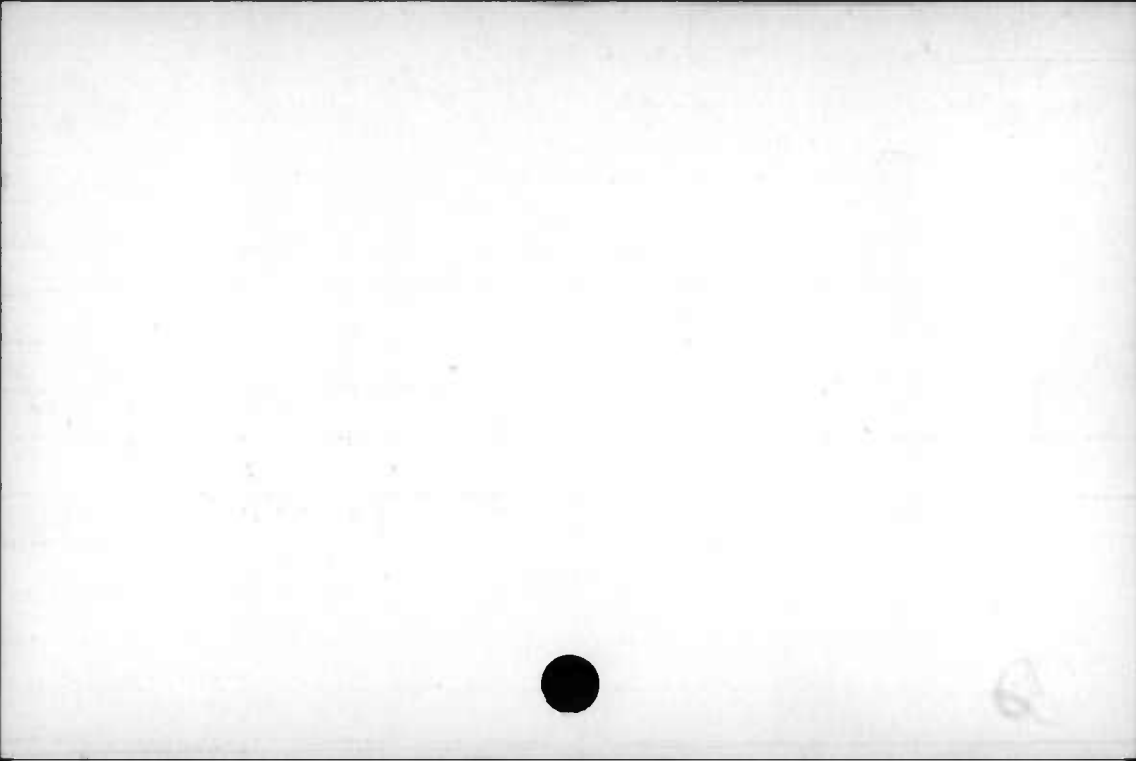
A. S. Marshall

3539 Falls Road

Jan 21, 1917

Loudon Park

Name in Full		Greene, Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Calonsville		Baltimore		MARYLAND		
	Date of death	1907	Month	Jan	Day	30	Age	21
	Sex	Female		Color or Race	Celt		Birth-place	Calonsville Md
	Occupation	School Teacher			Where Residing if not at place of death			
	Married, Single or Widowed	Single			Name of Wife or Husband			
	Father's Name	Not known				Father's Birthplace		
	Mother's Maiden Name	Elizabeth Scott				Mother's Birthplace		
Name of person giving information	Benj Watkins				How related to deceased		Step Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Bronchitis				How long	5 weeks	
	Immediate	Cardiac Asthma				How long	24 hrs	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Accident or Suicide?				Address			



Name
in
Full

CERTIFICATE OF DEATH

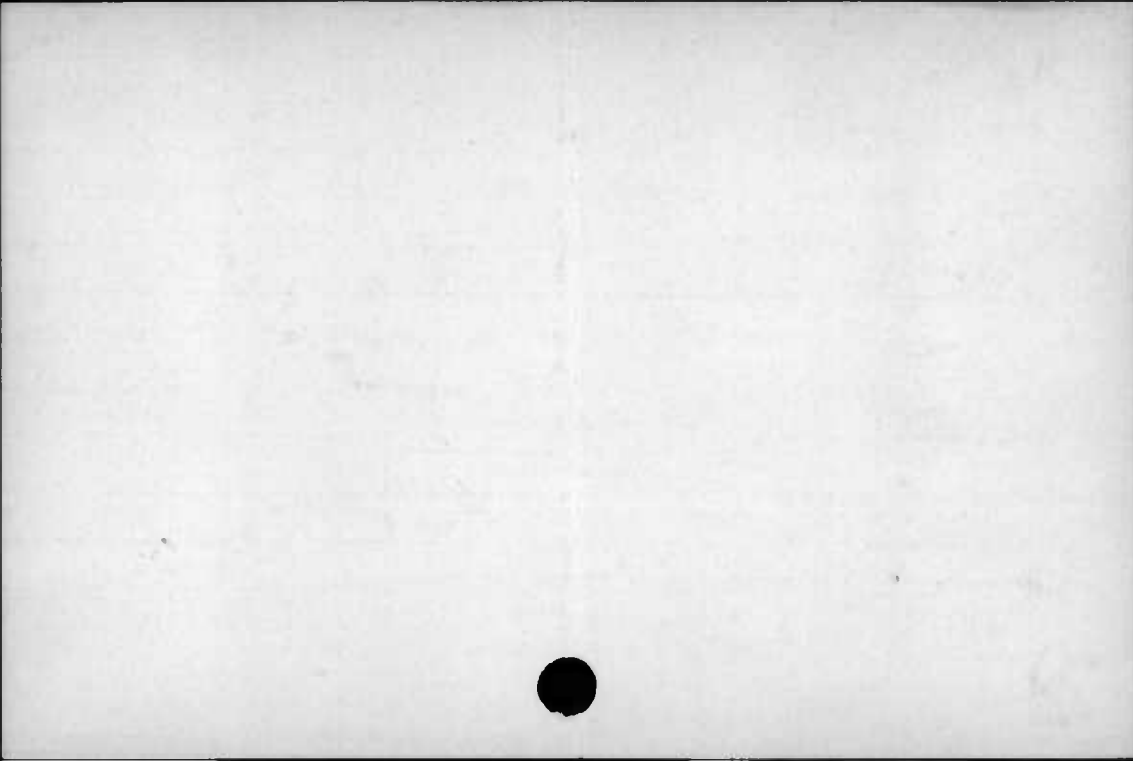
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Kalun Semenuk		Town Sparrow Point		County Balto.		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Jan 26		25		8	
Sex		Color or Race		Birth-place		Days	
Male		White		Russia		18	
Occupation				Where Residing if not at place of death			
Laborer				Sparrow Point			
Married, Single or Widowed		Name of Wife or Husband					
Married		Unknown					
Father's Name		Father's Birthplace					
Mr. Tom Semenuk		Russia					
Mother's Maiden Name		Mother's Birthplace					
Tyline Filacook		Russia					
Name of person giving information		How related to deceased					
Joe Blain		None					

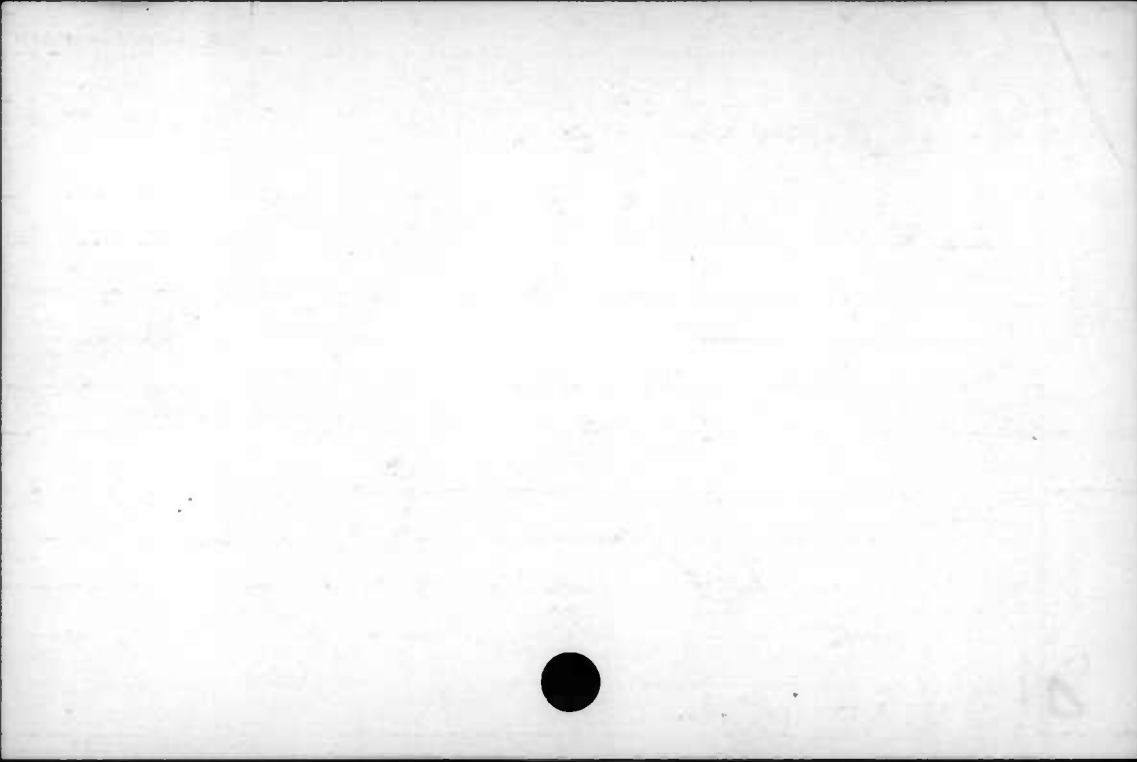
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fell from platform and fractured skull.	How long	✓
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joe Blain J. P.	
		Address	
		Sparrow Point Md.	
Accident or Suicide?			
Accident			



Name in Full Archie Mary Shaw		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Trumpo. <small>Town</small>		Baltimore <small>County</small>
	Date of death 1907 Jan'y. <small>Month</small>		23 <small>Day</small>
	Female <small>Sex</small>		Black <small>Color or Race</small>
	Housewife <small>Occupation</small>		Maryland <small>Birth-place</small>
	Married <small>Married, Single or Widowed</small>		Moses Shaw <small>Name of Wife or Husband</small>
	Abraham Howard <small>Father's Name</small>		MD <small>Father's Birthplace</small>
	Marianda Berry <small>Mother's Maiden Name</small>		MD <small>Mother's Birthplace</small>
Ray Shaw <small>Name of person giving information</small>		Stepson <small>How related to deceased</small>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Phthisis <small>Primary</small>		12 days <small>How long</small>
	Exhaustion from Pneumonia <small>Immediate</small>		12 days <small>How long</small>
	yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		W. M. Laid Stirling <small>Signature of Physician</small>
			Shaw <small>Address</small>
	MD <small>Accident or Suicide?</small>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

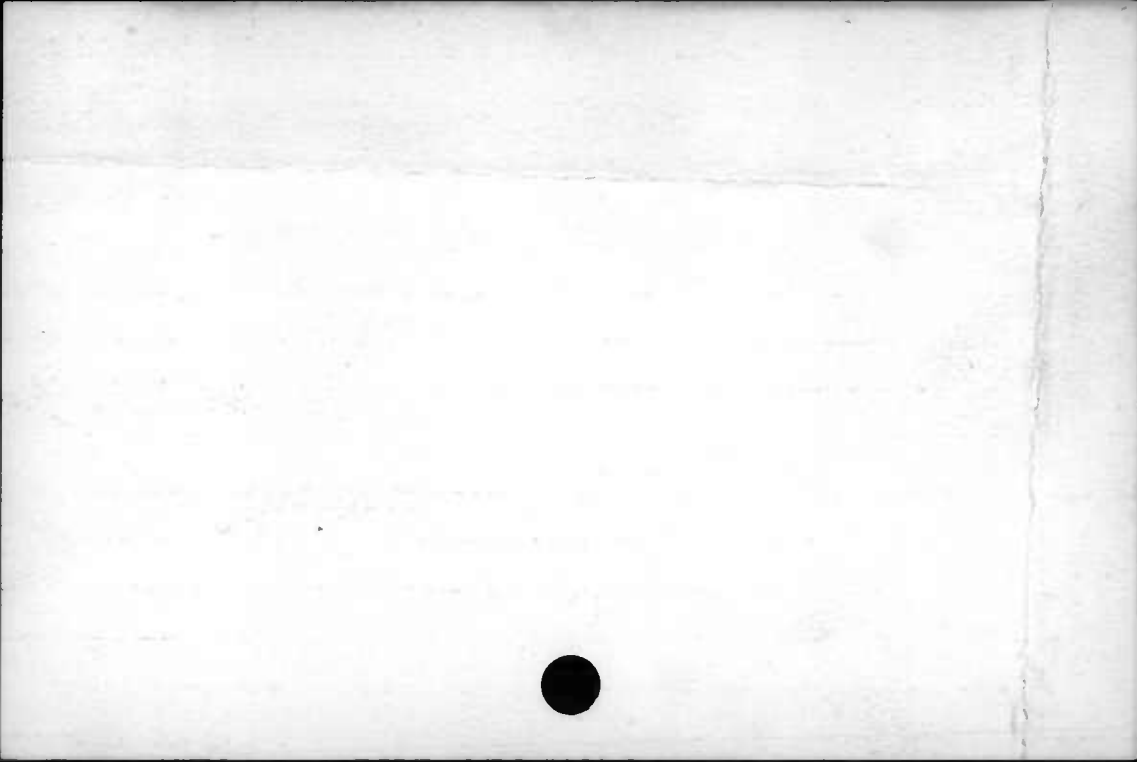
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	



Name
in
Full

Anna Maria Simms

CERTIFICATE OF DEATH

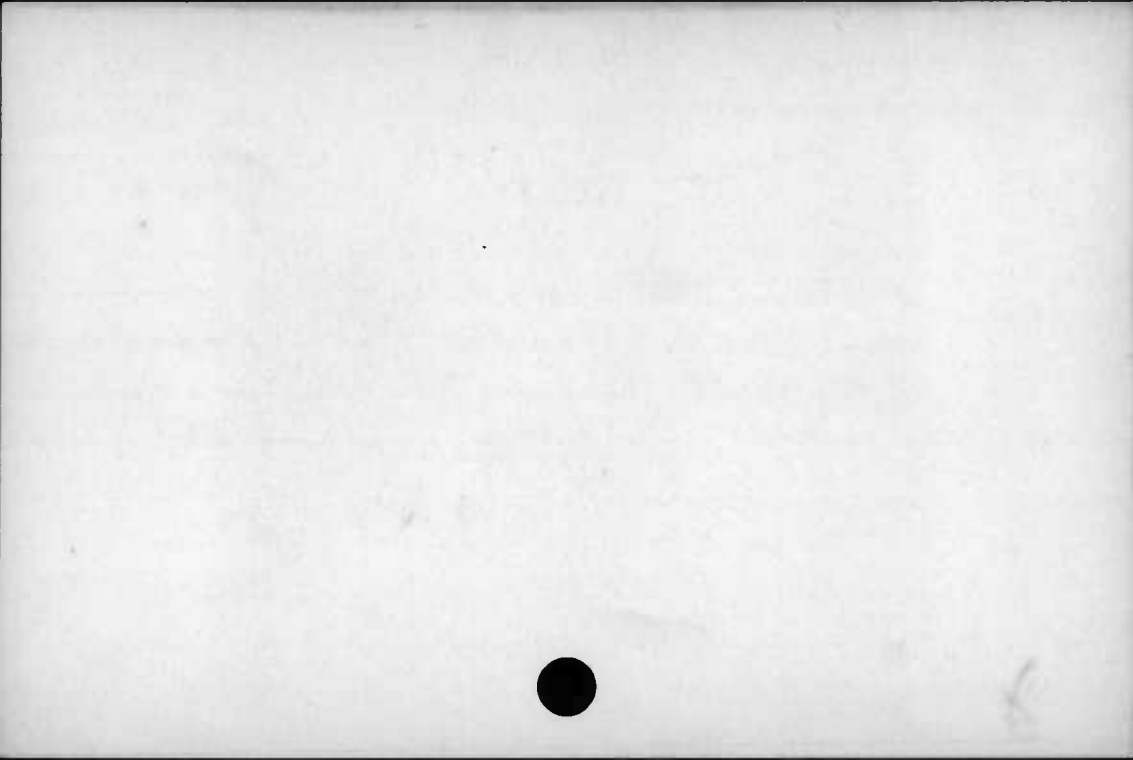
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hereford		County Baltimore		MARYLAND	
Date of death		1907	Month Jan	Day 31	Age Years 45 to 50	Months	Days
Sex Female		Color or Race Colored		Birth- place Washington Co. Md.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Joshua Simms					
Father's Name Harry Staunbury				Father's Birthplace Washington, Md.			
Mother's Maiden Name Don't know				Mother's Birthplace Washington Co. Md.			
Name of person giving Information Wm. Stenett				How related to deceased Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paraplegia	How long	15 days
Immediate	General Failure	How long	7-3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. B. Mitchell	
Address		Wheaton, Md.	
Accident or Suicide?			



Name
in
Full

Charles E. Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings Mills</i>		Town		County		BALTO	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>26</i>		Age <i>50</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co. Md.</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>Daniel Lee Slade</i>		Father's Birthplace <i>Harford Co. Md.</i>					
Mother's Maiden Name <i>Elizabeth Owen</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Lee Slade</i>		How related to deceased <i>nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mos. &</i>
Immediate <i>Mitral Stenosis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Seader</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide?	

E. D. Salby

Pleasant Hill.

Name
in
Full

Ruth Ann Slade

CERTIFICATE OF DEATH

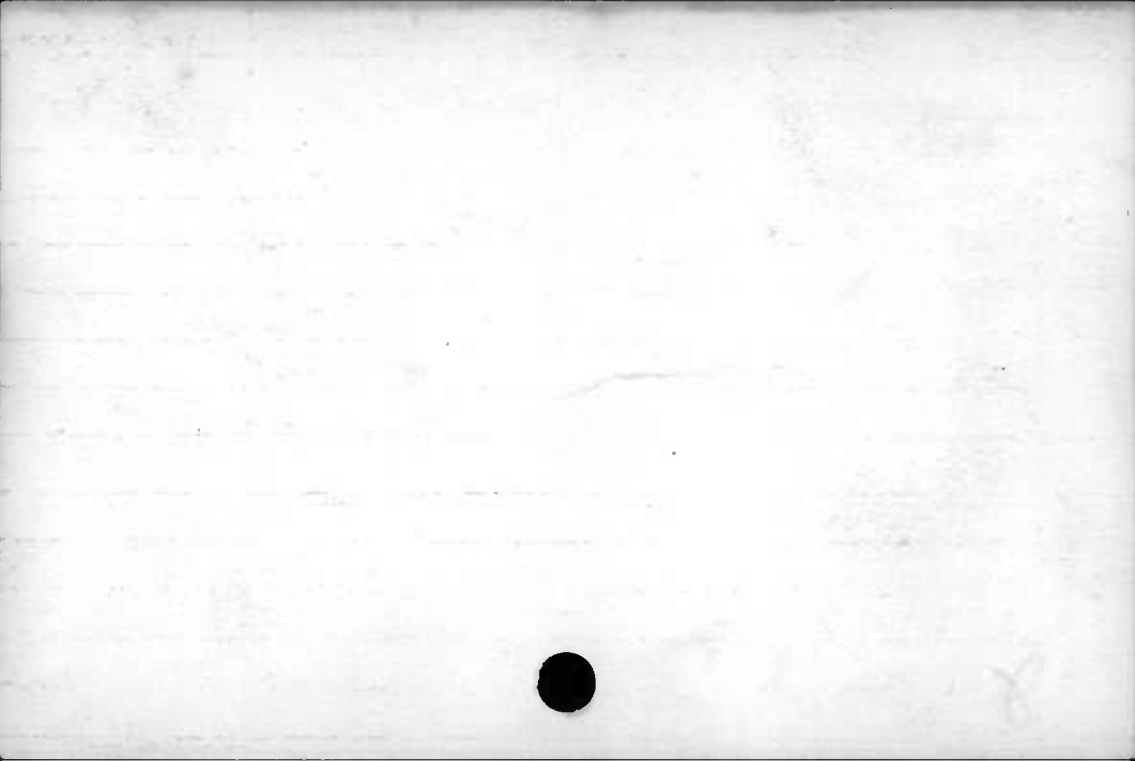
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Place} near White Hall		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	Jan.	Day	31
Age		about - 61		Years	
Sex		Female		Color or Race	White
Occupation		none		Birth-place	Maryland
Where Residing If not at place of death					
Married, Single or Widowed	Widow	Name of Husband	Abraham Slade		
Father's Name	Benjamin Almon	Father's Birthplace	Md.		
Mother's Maiden Name	Ruth Button	Mother's Birthplace	Md.		
Name of person giving information	Caroline Almon	How related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rectal Sarcoma	How long	3 years
Immediate	Anaemia	How long	2 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Millard Stirling
		Address	Shaver Baltimore Md.
Accident or Suicide?	No		



Name
in
Full

Edna Grace Slambaker.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Harren**Balto.*

Date

Month

Day

Years

Months

Days

of death *1907**1**4*

Age

*9**4**16*

Sex

*Female*Color or
Race*White*Birth-
place*Ind*

Occupation

*School Girl*Where Residing if not
at place of death*Harren*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm Slambaker*Father's
Birthplace*Ind*Mother's
Maiden Name*Patie Tracey*Mother's
Birthplace*Ind.*Name of person giving
In formation*Wm Slambaker*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Diphtheria

How long

7 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas. E. Enos M.D.*

Address

*Cockeysville
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at

Warren Cemetery

Jan 4th 07

W. C. Brooks

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ella Nora Agnes Elizabeth Smith

CERTIFICATE OF DEATH

MARYLAND

Died at *Shaw* Town*Balto.* County

Date of death

1907 Jan

Day

17

Years

Age *28.*

Months

7.

Days

2.

Sex

*Female*Color or
Race*colored*Birth-
place*Md.*

Occupation

*general house
work*Where Residing if not
at place of death*In New York.*Married, Single
or Widowed*Single*Name of Wife or
Husband*Bastard*Father's
NameFather's
BirthplaceMother's
Maiden Name*Rachel Ann Smith*Mother's
Birthplace*Md.*Name of person giving
information*Maud A. Harris*How related
to deceased*Aunt*

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Five months

Immediate

How long

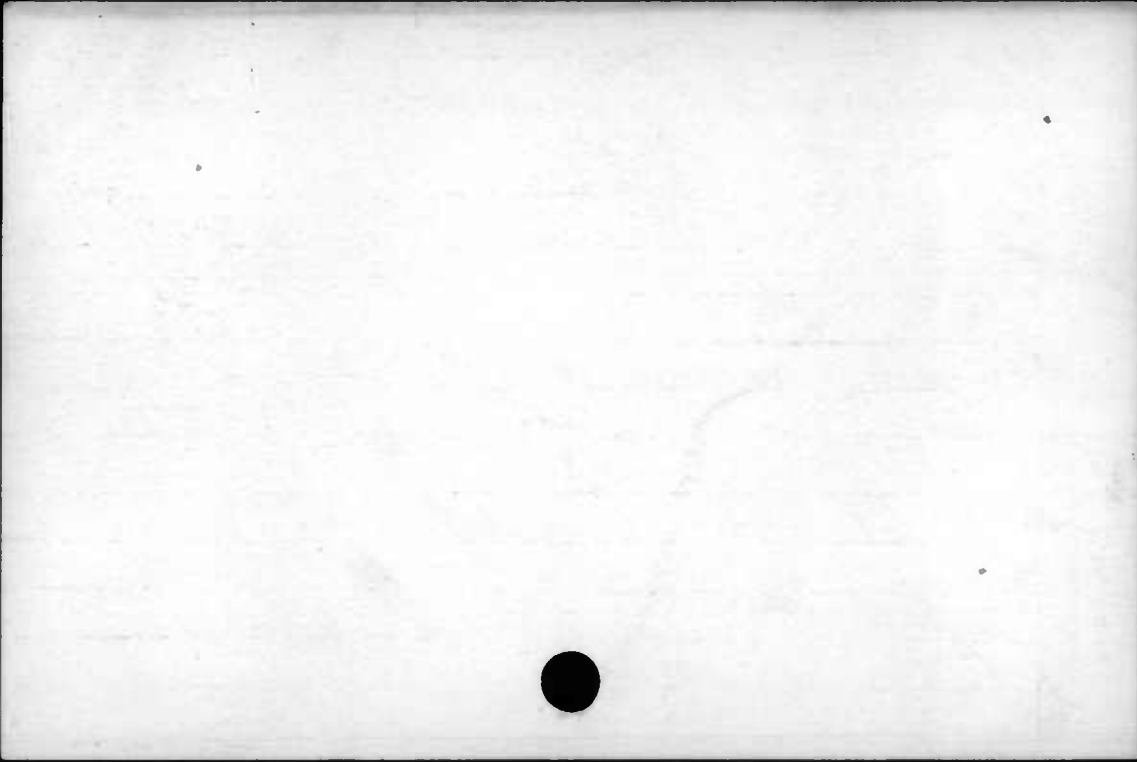
Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician

Address

*Myron Dammick
Stewartstown, Pa.*

Accident or Suicide?

No



Name
in
Full

Female Infant of David + Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Calumet ^{Town} Balt ^{County}

Date of death 1907 ^{Month} Jan ^{Day} 10 Age — ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Calumet

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name David E Smith Father's Birthplace Baltimore

Mother's Maiden Name Elizabeth Smith Mother's Birthplace "

Name of person giving information David E Smith How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

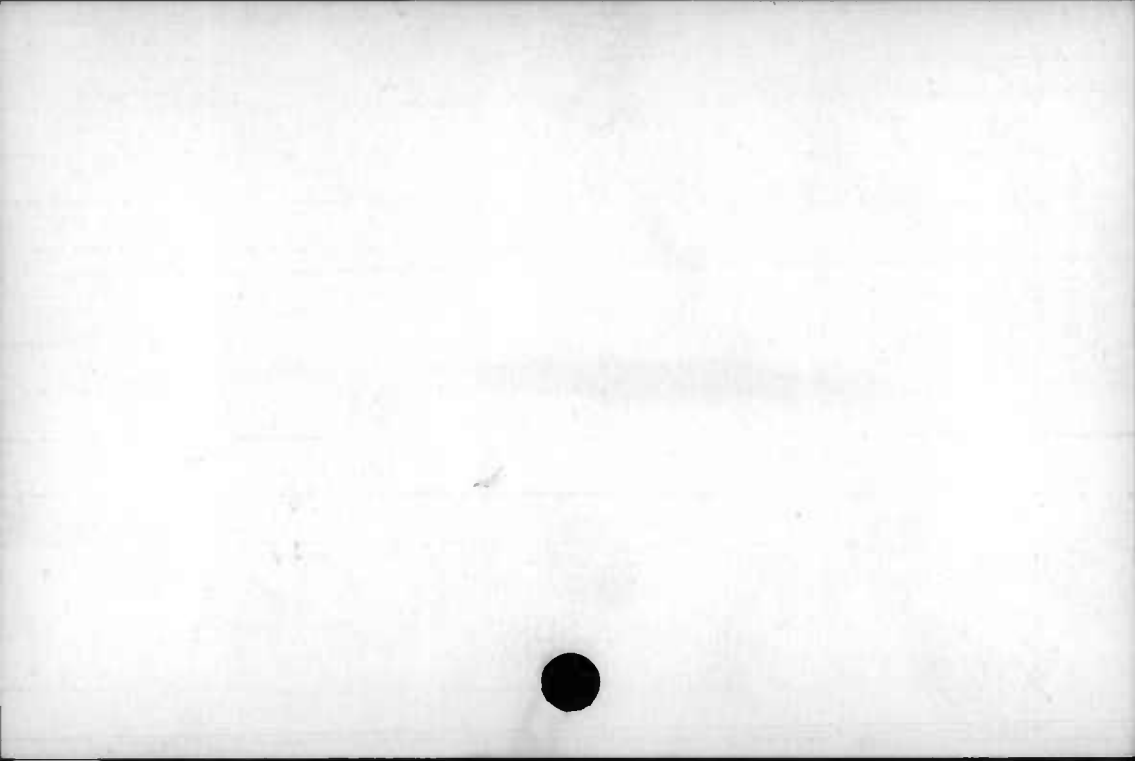
Primary Still Birth How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician D W Stultz M.D.

Calumet Address Calumet

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

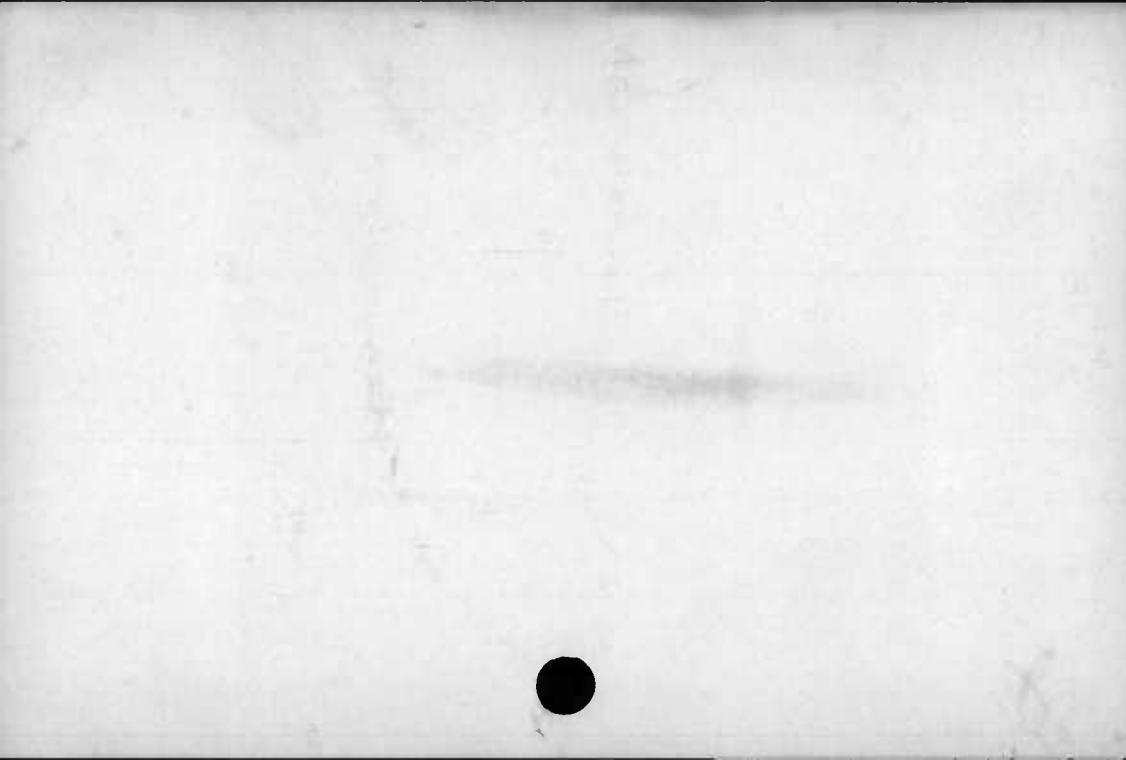
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catoonsville</u> ^{Town} <u>Putto</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Jan</u> ^{Day} <u>10</u> ^{Years} <u>75</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Delaware</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie M. Smith</u>		
Father's Name <u>Robert K. Smith</u>	Father's Birthplace <u>Sussex Co. Del</u>		
Mother's Maiden Name <u>Sallie A. Betts</u>	Mother's Birthplace <u>Sussex Co. Del</u>		
Name of person giving information <u>X</u>	How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>4 yrs.</u>
Immediate <u>Valvular Dis of Heart</u>	How long <u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>[Signature]</u>
<u>X</u> Accident or Suicide? <u>No.</u>	Address <u>Catoonsville, Md</u>



Name
In
Full

William Henry Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lochapsville* Town*Bald* CountyDate of death *1907* Jan

Day

15

Age

Years

43

Months

11

Days

Sex *Male*Color or
Race*Color - African*Birth-
place*Severybrook Md*

Occupation

*Quarryman*Where residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Anna Lisette Smith*Father's
Name*John Smith*Father's
Birthplace*Chesapeake*Mother's
Maiden Name*Catharine Hills*Mother's
Birthplace*Long Green Md*Name of person giving
Information*Anna Lisette Smith*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Acute Crepus Pneumonia

How long

Tuesday 8 1907

Immediate

Acute Crepus Pneumonia

How long

*7 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr J. B. P. Dawson*

Address

Md

Accident or Suicide?

Interment at Foots
Hall Rockeyville
Bulls ls

Wm C. Brooks

Name
in
Full

A still born male infant Sowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Jan 9 aces on</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>5</i>	Age <i>—</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Murkawn</i>			
Occupation <i>Groom work home</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Henry E. Sowers</i>		Father's Birthplace <i>Balt City</i>					
Mother's Maiden Name <i>Emma Grace Hies</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Emma Grace Hies</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dead in Utero Placenta Previa</i>	How long
Immediate <i>Podalic Version</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Marrenburg</i>
	Address <i>Gawson</i>
Accident or Suicide?	

Permit for Curial
Gravestone
Henry E. Sowers

Burial in family lot
on the Farm where
residing
A. C. Massenburg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William Henry Sparrow</i>		Town <i>Mt Minnans</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>16</i>		Age <i>65</i>	
Date of death <i>1907</i>		Years <i>65</i>		Months —		Days —	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Washington</i>			
Occupation <i>Mechanic</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Charlotte M. Sparrow</i>					
Father's Name <i>Kniseley Sparrow</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Charlotte Warthan</i>		Mother's Birthplace <i>Fredricks</i>					
Name of person giving information <i>Will Sparrow</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>64</i>
Immediate <i>Apoplexy</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. F. Glann</i>
8 Accident or Suicide?	Address <i>Mt Minnans</i>
	<i>md</i>

Rob. P. Brooks
Jr.

Souden Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Spear, Katharine Grove</i>		Town <i>Roland Park</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Roland Park</i>		Date of death <i>1907</i>		Age <i>34</i>		Months <i>8</i>	
Month <i>January</i>		Day <i>16</i>		Years <i>34</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Roland Park.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>[check]</i>					
Father's Name <i>Lawrence O Spear</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Sara E Roberts</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Lawrence O Spear</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Pulmon. tuberc. compl. by Chronic Bright's</i>		How long <i>Tuberc. - 9 yrs.</i>	
Immediate Cause <i>Uremia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lillian Welsh.</i>	
		Address <i>144 Truvel, Balt's</i>	
Accident or Suicide?			

Levi F. Schaffner

3/6, Fremont Ave N,

Greenmount Seattle,

Name
in
Full

Steinbacher

CERTIFICATE OF DEATH

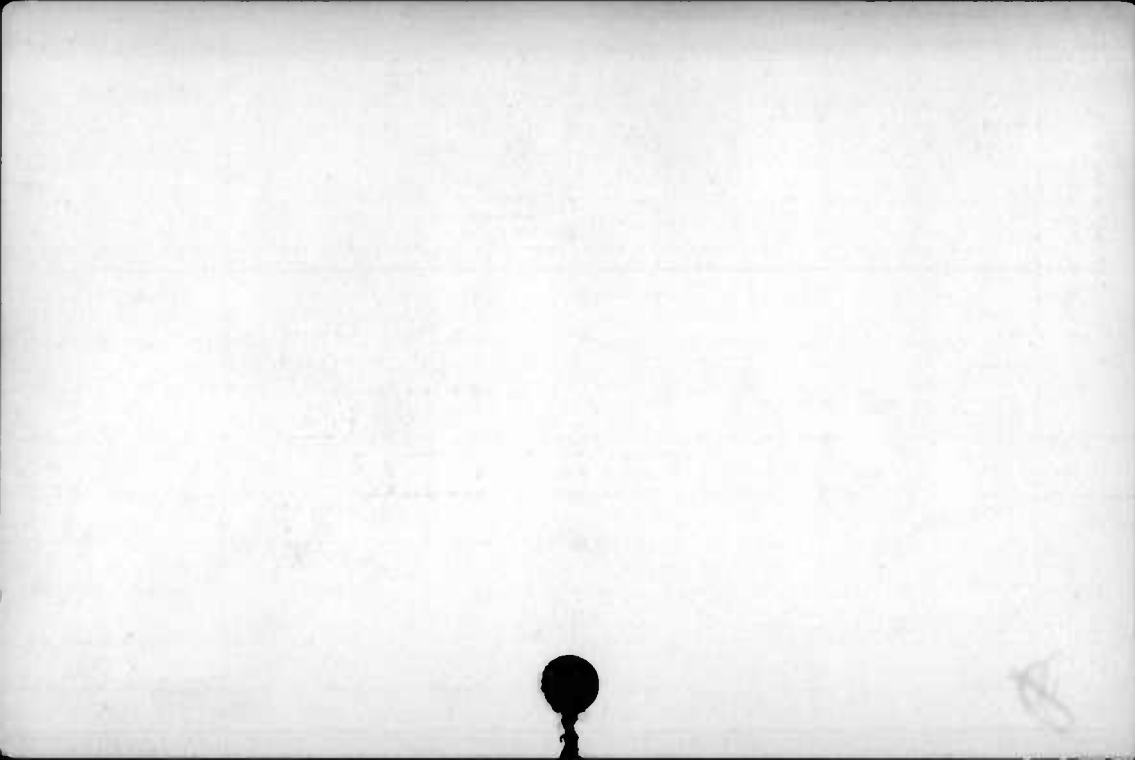
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Jan.</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Above</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. Steinbacher</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Clara Steipert</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>—</u>				How related to deceased. <u>✓</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia - Teaching</u>	How long <u>About 4 weeks.</u>
Immediate <u>Exhaustion</u>	How long <u>Several Hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lingard Whitford</u>
<u>From best of my knowledge</u>	Address <u>Fullerton, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Catherine Stewart
Town *Hanover* County *Backlin*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death *1907*

Month

June

Day

18

Age

Years

86

Months

0

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

House

Where Residing if not
at place of death

Hager Baltimore Md

Married, Single
or Widowed

Name of Wife or
Husband

William Stewart

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Name of person giving
Information

Katie Smith

How related
to deceased

Grand daughter

CAUSES OF DEATH

Primary

General debility

How long

3 months

Immediate

La. Grippe

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Benson

Address

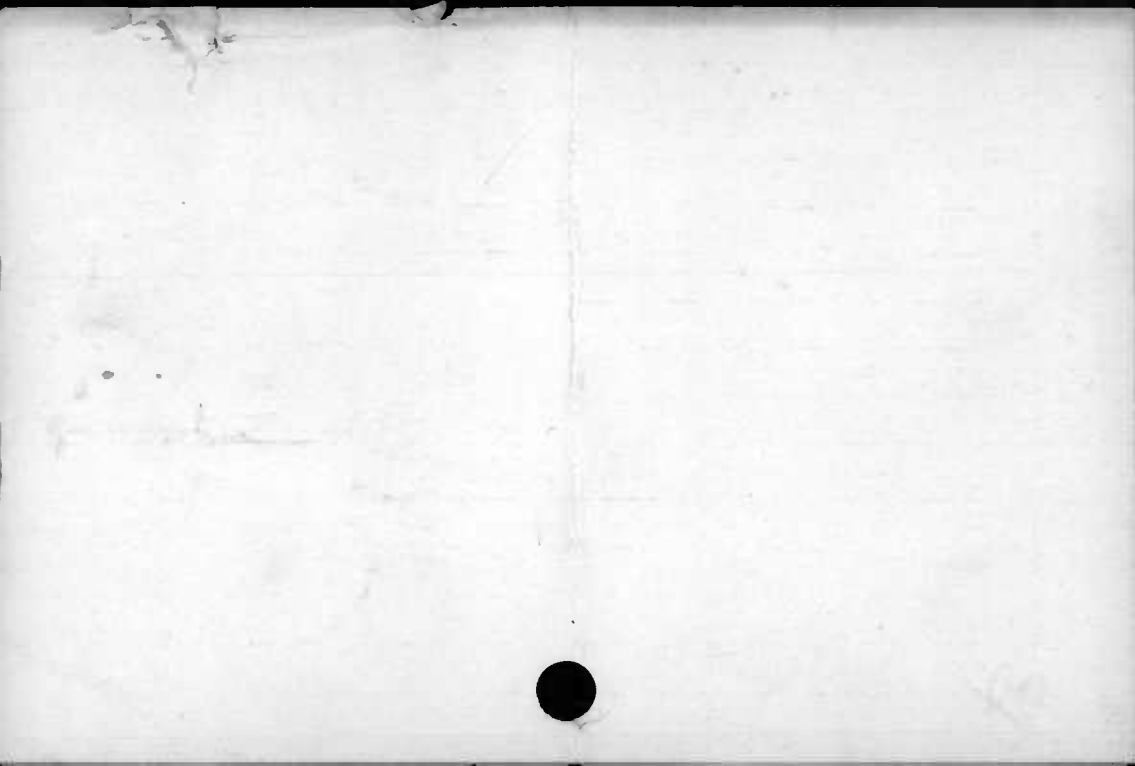
Backusville Md

Accident or Suicide?

8

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles S. Starnes.

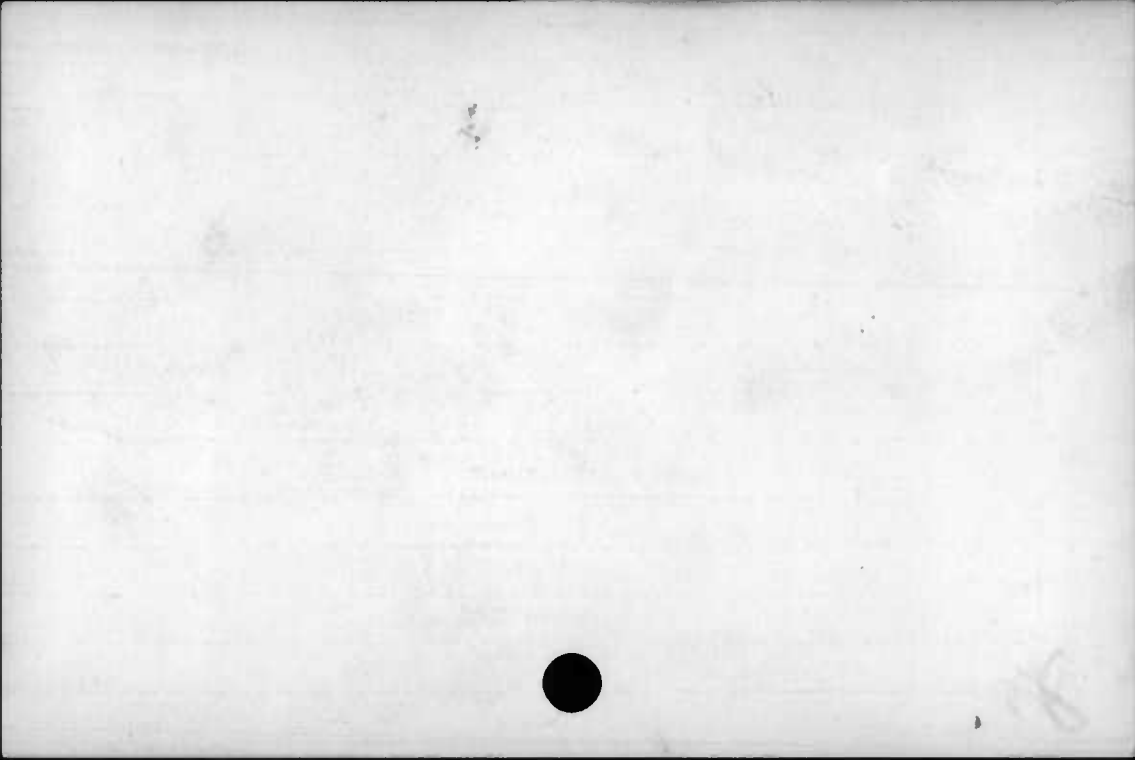
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		6 th District		Baltimore		MARYLAND	
Date of death 1907		Month 1	Day 27	Age 65		Months 1	Days 2
Sex Male		Color or Race White		Birth-place York Pa.			
Married, Single or Widowed Married		Occupation Farmer.					
Name of Wife or Husband Sarah Heril							
Father's Name Do not know		Father's Birthplace Do not know					
Mother's Maiden Name " " "		Mother's Birthplace " " "					
Name of person giving information Sarah Starnes		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Disease	How long	2 years.
	Immediate	Gravely Paralyzed	How long	19 days.
	Are the name, age, sex, color, date and place correctly given above?		sex	
	Signature of Physician E. R. Albright, M.D.		Address Glen Rock Pa.	
	Accident or Suicide?		R. F. Giff.	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

Violet Taylor

Town

County

Died at

Randallstown

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 Jan

12

Age

80

Sex

female

Color or
Race

Black

Birth-
place

Ind

Occupation

labour

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

dont know

Father's
Birthplace

Mother's
Maiden Name

dont know

Mother's
Birthplace

Name of person giving
In formation

H. J. Hitt

How related
to deceased

none

CAUSES OF DEATH

Primary

*Fainting Suffocation falling
on face in mud*

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

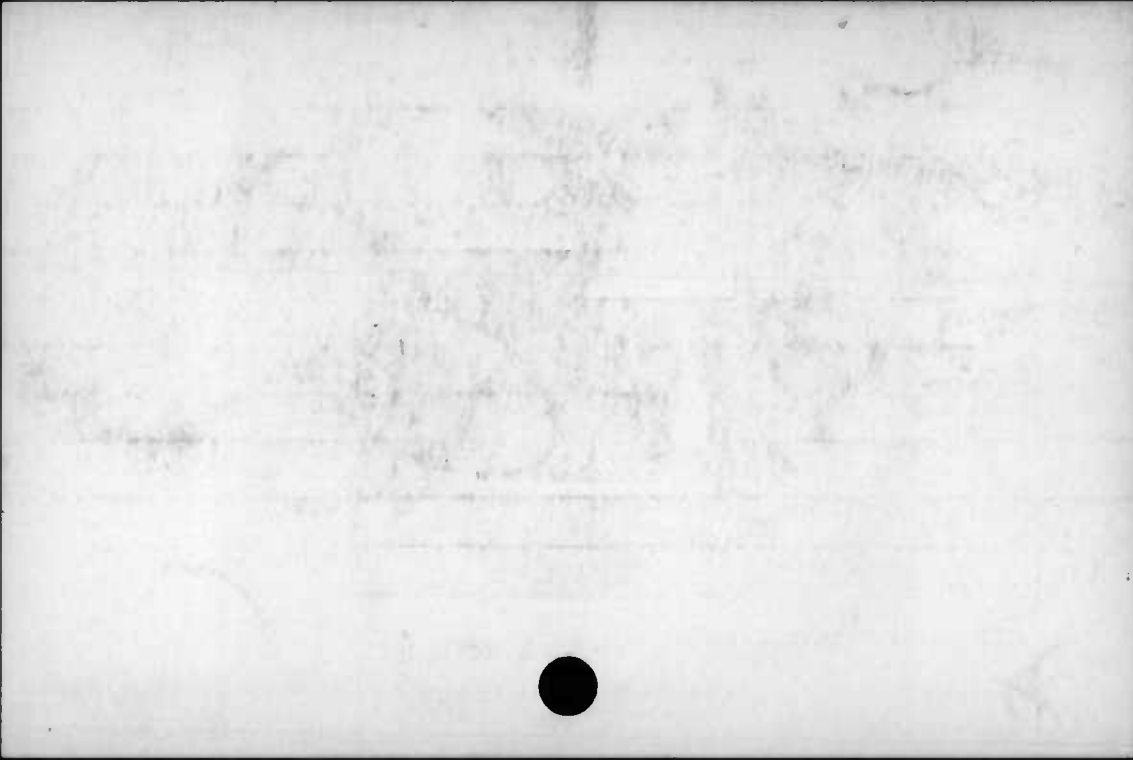
yes

Signature of
Physician

Address

*H. J. Hitt Ind
Randallstown
Ind*

Accident or Suicide?



Name
in
Full

Sophie Thomas

CERTIFICATE OF DEATH

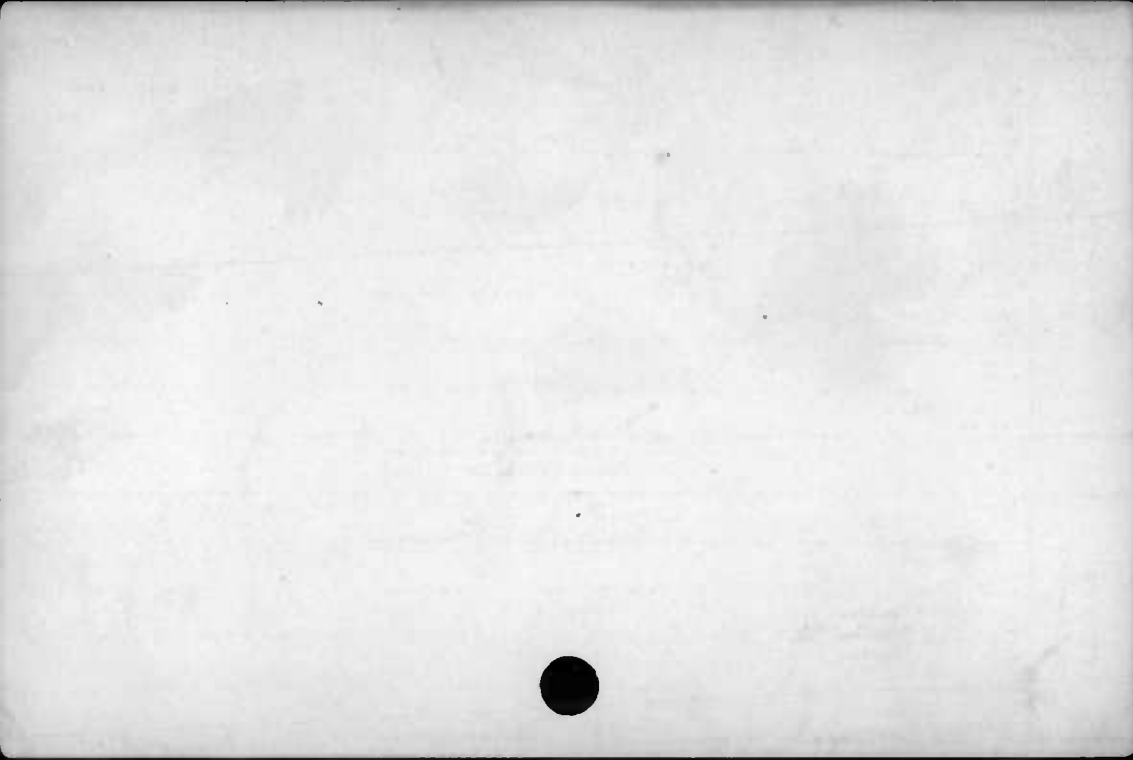
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i>		Town		County		MARYLAND	
Date of death	1907	Month	Jan	Day	31	Age	79
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	None			Where Residing if not at place of death		Batonsville	
Married, Single or Widowed	Single			Name of Wife or Husband		Charles Thomas	
Father's Name	James Wear			Father's Birthplace		England	
Mother's Maiden Name	James Wear			Mother's Birthplace		England	
Name of person giving information	Charles Thomas			How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fatty Degeneration of Heart</i>		How long	—
Immediate	<i>Progressive heart Failure</i>		How long	3 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		<i>J. Shab Macmill</i>		
		<i>Batonsville</i>		
		<i>MD</i>		
Accident or Suicide?				



Name
in
Full

Still Born Trimbans

CERTIFICATE OF DEATH

Town

County

Baltimore

MARYLAND

Died at

Date

of death 1907

Month

June

Day

9

Age

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

white

Birth-
place

—

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Leonard Trimbans

Father's
Birthplace

Germany

Mother's
Maiden Name

W. S. Trimbans

Mother's
Birthplace

Germany

Name of person giving
In formation

Leonard Trimbans

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

Still Born

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. F. [Signature] M.D.
Lowsey U.S.Assistant or Sub-
RegistrarTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Permit given to
Father to bury the
body -

Name
in
Full

John H. Van Patten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		Town		County <i>Balto Co.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>25</i>		Age <i>8 hours</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>31 E Hudson St</i>		Months	
Occupation <i>—</i>		Where Residing if not at place of death <i>31 E Hudson</i>		Days			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>James L. Van Patten</i>		Father's Name <i>James L. Van Patten</i>		Father's Birthplace <i>N. Y.</i>	
Mother's Maiden Name <i>Gertrude Ray</i>		Mother's Birthplace <i>Md</i>		Name of person giving information <i>James L. Van Patten</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth 7 mths</i>	How long <i>—</i>
Immediate	<i>anemia</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. Burke</i>
		Address <i>3042 Hudson St</i>
Accident or Suicide? <i>—</i>		

φ

Name
in
Full

Cornelius Walker

CERTIFICATE OF DEATH

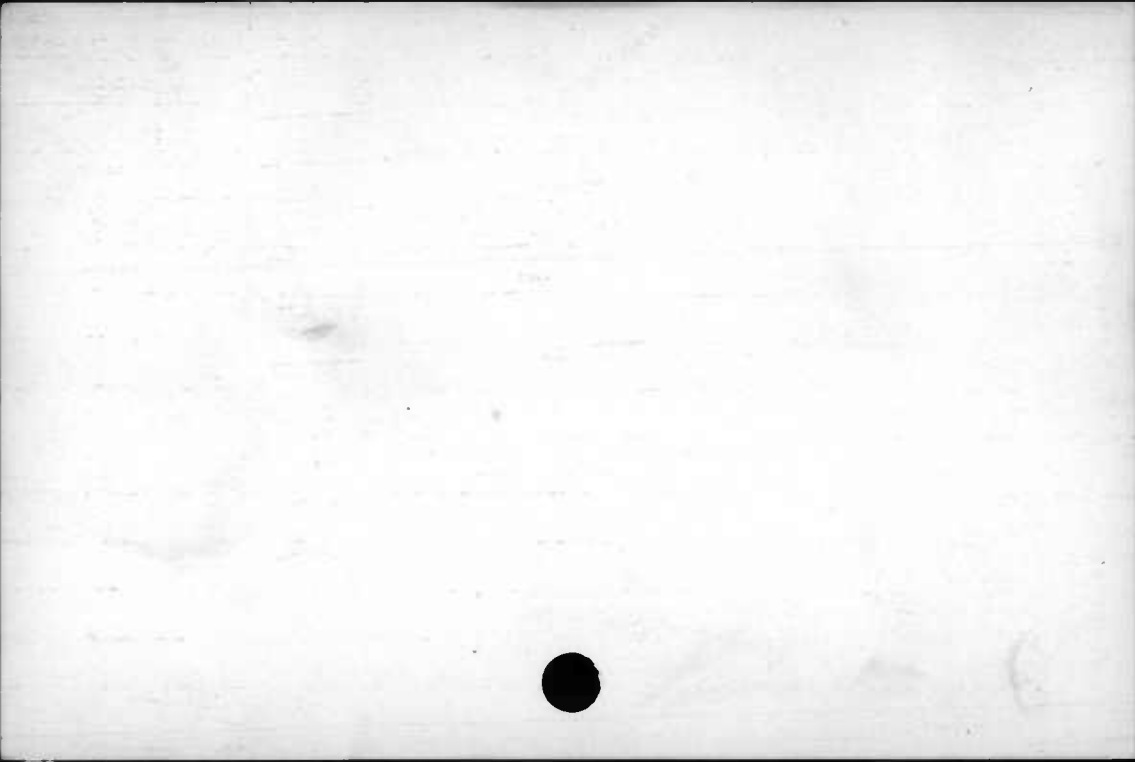
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>22</i>	Years <i>88</i>	Months		Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Va.</i>			
Occupation <i>Clay man</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Margaret J. Walker</i>					
Father's Name <i>Joseph Walker</i>		Father's Birthplace <i>bermberland Va</i>					
Mother's Maiden Name <i>Mary Wadson</i>		Mother's Birthplace <i>bermberland Va</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long <i>past year or so</i>
Immediate	<i>nephritis following Grip</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Rushmer White</i>
		Address <i>Catonsville Md</i>
Accident or Suicide?		



Name
in
Full

Metha Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} of Carney ^{County} Baltimore Co. MARYLAND

Date of death 31st 1907 ^{Month} Jan. ^{Day} 31st ^{Years} 41 ^{Months} 6 ^{Days} 9.


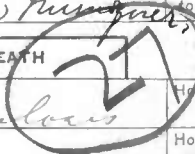
Sex Female ^{Color or Race} White ^{Birth-place} Baltimore City

Married, Single or Widowed Widow ^{Occupation} House Work.

Name of Wife or Husband

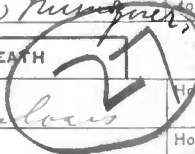
Father's Name Chas. Schroder. ^{Father's Birthplace} Germany

Mother's Maiden Name Elizabeth Cook. ^{Mother's Birthplace} Baltimore Ind.

Name of person giving information  Augusta ^{How related to deceased} 

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} 


Immediate Exhaustion ^{How long}

Are the name, age, sex, color, date and place correctly given above?

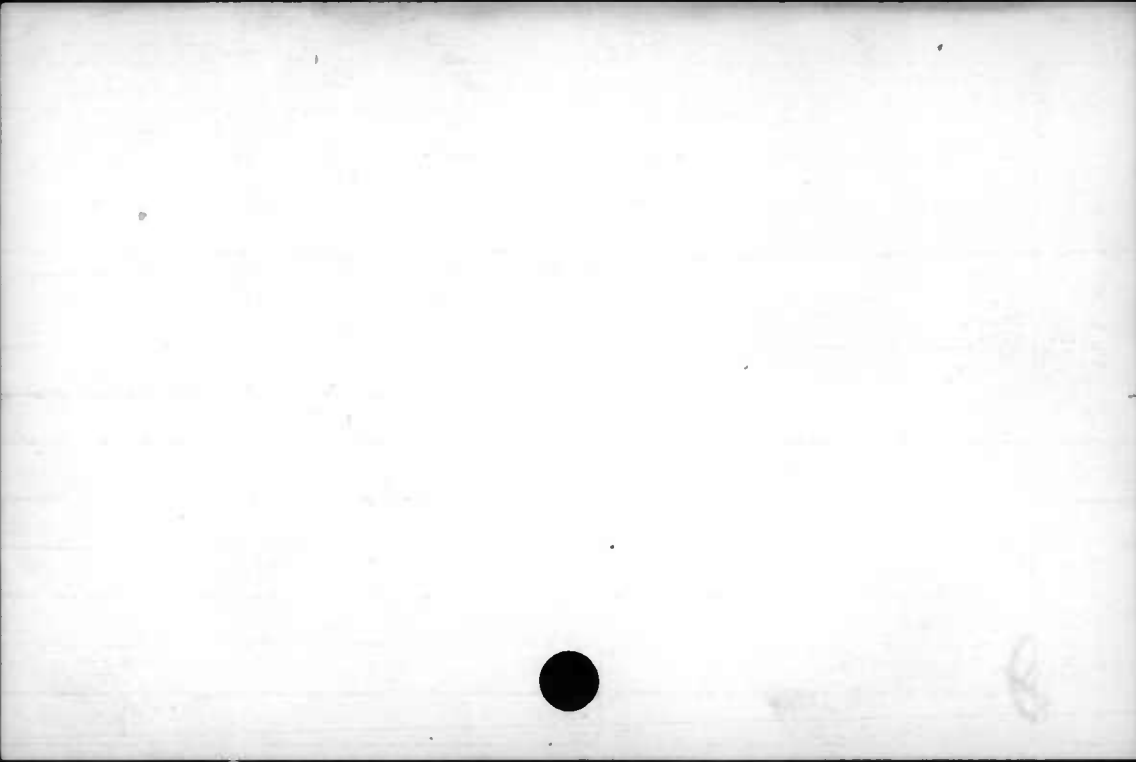
Yes

Signature of Physician

Address


Larkville, Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

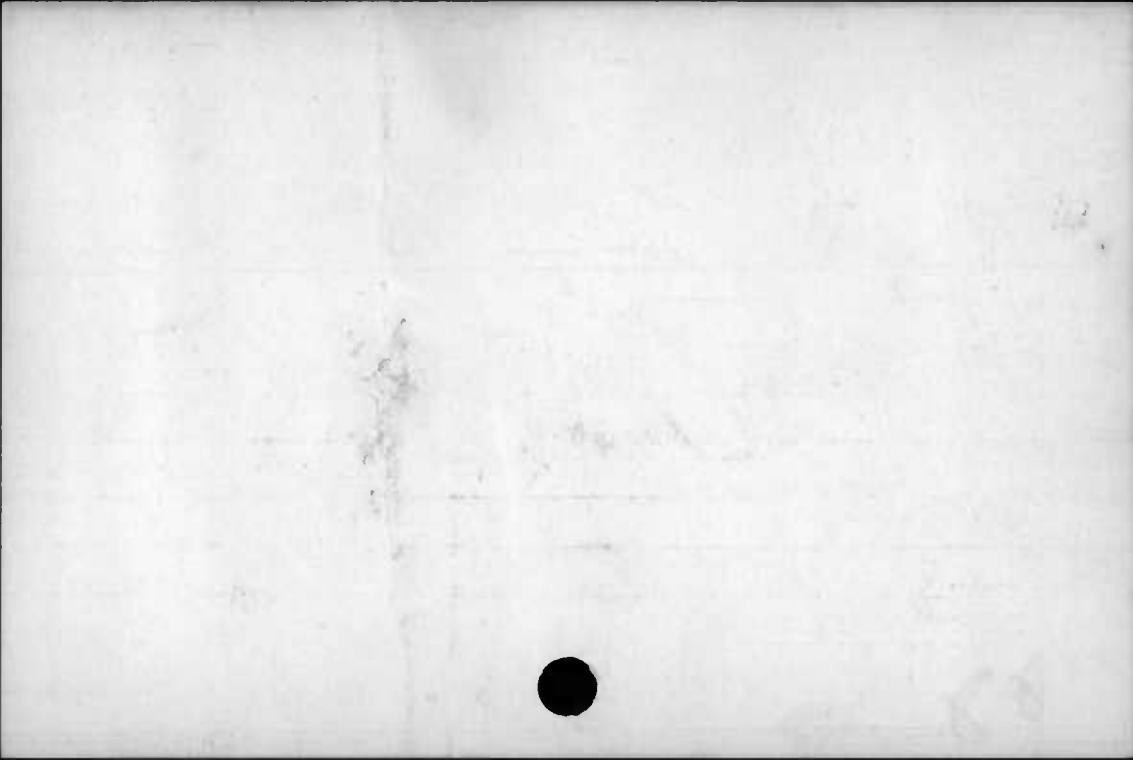
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward Thomas Ward</i>		Town <i>W Washington</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>W Washington</i>		Month <i>4 Jan</i>		Day <i>3</i>		Years <i>52</i>	
Date of death <i>1904</i>		Month <i>4</i>		Day <i>3</i>		Years <i>52</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>		Months <i>6</i>	
Occupation <i>Retail Merchant</i>		Where Residing if not at place of death		Days <i>07</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eleanor Kate Ward</i>		Father's Birthplace <i>Baltimore Md</i>		Mother's Birthplace <i>Baltimore Md</i>	
Father's Name <i>Edward John Ward</i>		Mother's Maiden Name <i>Mary E. Francis</i>		How related to deceased <i>wife</i>			
Name of person giving information <i>Mrs. Eleanor K Ward</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza, Pneumonia</i>	How long <i>10</i>	How long <i>Nine days</i>
Immediate <i>Asthma</i>	How long <i>3</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J Todd</i>	Address <i>W Washington Md</i>
Accident or Suicide? <i>8</i>		



Thomas J Wags

Town

County

Died at

Hamilton

Baltimore

MARYLAND

Date

1909

Month

Day

Jan 28

Age

62

Y

M.

D.

Native of

Maryland

Occupation

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo W Wags

Mother's

Name

Jane Wright

Cause of

Primary

Valvular Disease of Heart

How long sick

9 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Edwin G Darling M D

Address

Lumaville
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

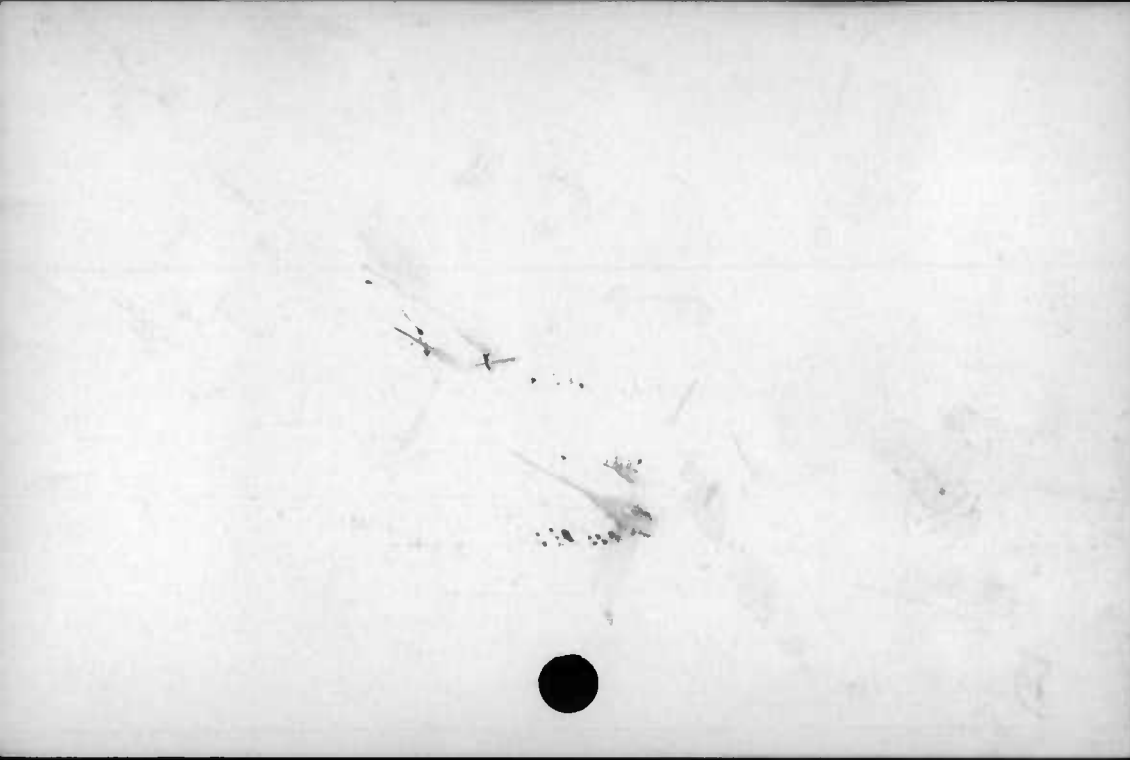
Removal to
502 E North
Ave

Wm Cook.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Weber, Charles		Town Leatoysville		County Putto		CERTIFICATE OF DEATH	
Died at Leatoysville		State MARYLAND					
Date of death 1907 Jan 12		Month 7		Day 12		Age 55	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Carpenter		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed Married		Name of Wife or Husband Mary. A. Weber.					
Father's Name <input checked="" type="checkbox"/>		Father's Birthplace <input checked="" type="checkbox"/>					
Mother's Maiden Name <input checked="" type="checkbox"/>		Mother's Birthplace <input checked="" type="checkbox"/>					
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased <input checked="" type="checkbox"/>					
CAUSES OF DEATH							
Primary General Paresis		61		How long 2 yrs.			
Immediate Exhaustion				How long 10 yrs.			
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Wm. Wade		Address Leatoysville, Md			
Accident or Suicide? No.							



Name
in
Full

Johan F. J. Wendt

CERTIFICATE OF DEATH

Died at		Town Canton		County Ballo		MARYLAND	
Date of death	1907	Month Jan	Day 8	Age Years	58	Months	3
Sex	Male		Color or Race	White		Birth- place	Germany
Occupation	Stenographer			Where Residing if not at place of death		S. I. Batavia	
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Not Known				Father's Birthplace	Foreign	
Mother's Maiden Name	" "				Mother's Birthplace	"	
Name of person giving Information	A. Seidel				How related to deceased		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Septicemia	How long	} 12 days
Immediate	Septicemia	How long	

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. R. Seidel M.D.
S. I. Batavia.

Accident or Suicide?

no

PHYSICIAN
OR CORONER

1st Evangelical Linn
H. Sander Linn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas. Tom Hunt</i>		Town <i>Fullerton</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Fullerton</i>		Month <i>Jan.</i>		Day <i>10</i>		Years <i>8</i>	
Date of death 190 <i>7</i>		Month <i>Jan.</i>		Day <i>10</i>		Years <i>8</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Above</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Henry Hunt</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Katherine E. Leyhe</i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Father</i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>12 to 14 days</i>	
Immediate <i>Exhaustion</i>		How long <i>Several hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lingard Whitford</i>	
<i></i>		Address <i>Fullerton, Md.</i>	
Accident or Suicide? <i></i>			

3'24.

Holy Redeemer.

Name
in
Full

Henry Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

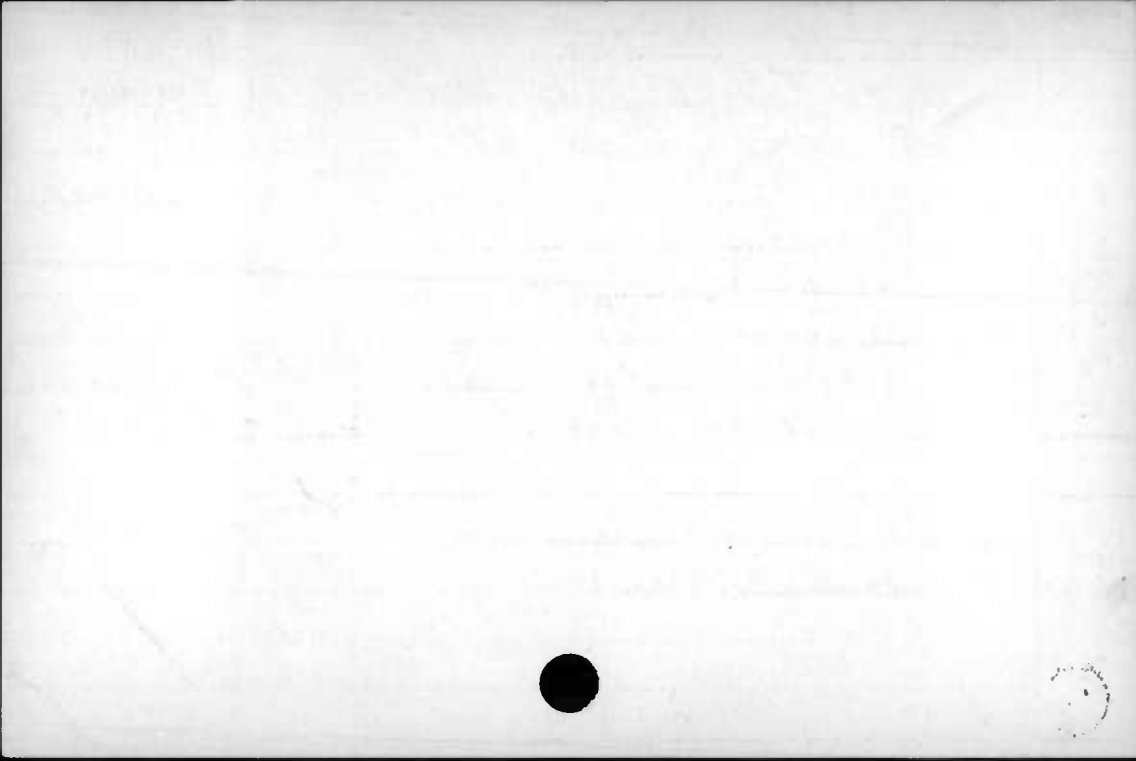
Died at ^{Town} Middle River		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	July	Day	10
Age	70	Years		Months	
Sex	male	Color or Race	color	Birth-place	md
Occupation	Plasterer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband Annie Williams			
Father's Name	Unknown			Father's Birthplace	
Mother's Maiden Name	Unknown			Mother's Birthplace	
Name of person giving information	Wm Williams			How related to deceased Son	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grip	How long	10 days
Immediate	Aschheim	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John D. Harrison md
		Address	Middle River md
Accident or Suicide?	no		



Name
in
Full

Edi Mc Clelen Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		1	2	43	5	2	
Sex	Male		Color or Race	White		Birth-place	Walkers
Occupation	no occupation			Where Residing if not at place of death		Walkers	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John T. Wilson					Father's Birthplace	Md
Mother's Maiden Name	Hannah Walker					Mother's Birthplace	Md
Name of person giving information	John T. Wilson					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	91	About 3 Months
Immediate	do.	How long	do.	do.
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Silas H. Hunter M.D.		
Address		Wiseburg Balto Co Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

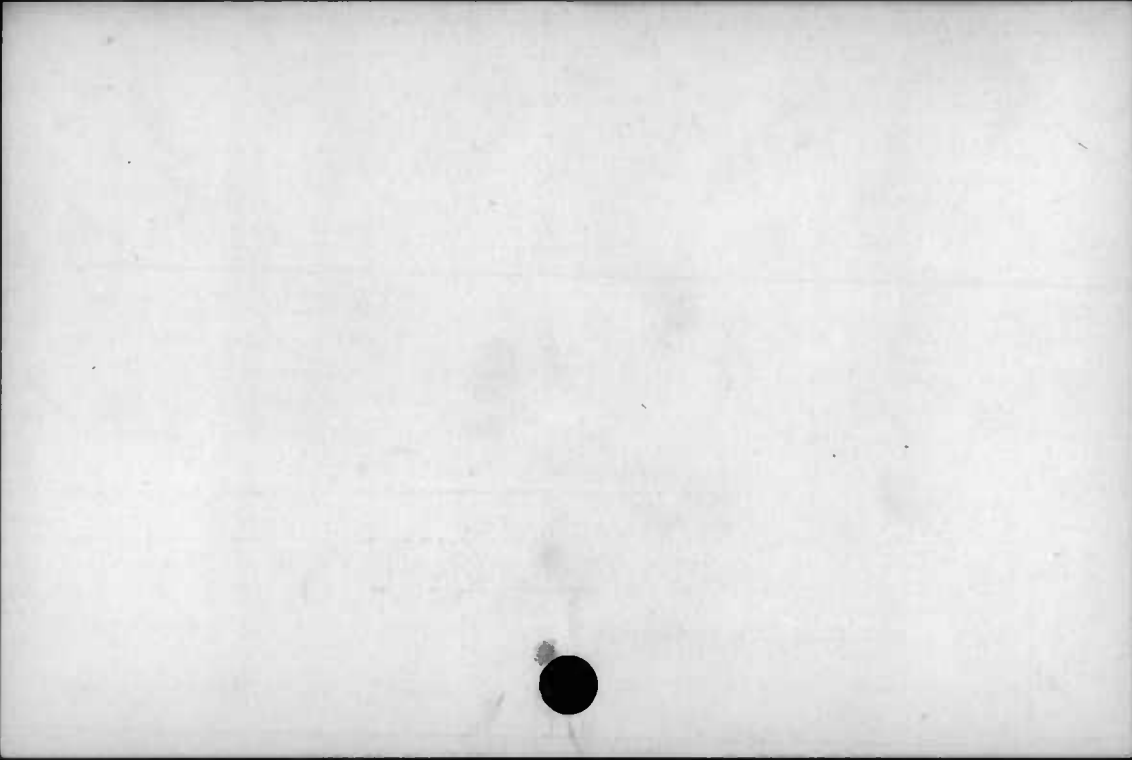
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i>		Town <i>Baltimore</i>		County		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>31st</i>	Age	Years	Months <i>6 mo</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Sparrow Point</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>J. T. Wortman</i>			Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Ida Thompson</i>			Mother's Birthplace <i> Md</i>				
Name of person giving information <i>Rhoda Wortman</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>3 days</i>
Immediate	<i>Cerebral Congestion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>G. L. McConicker M.D.</i>	
Address		<i>Sparrow Point Md</i>	
Accident or Suicide?		no	



Name
in
Full

Harry H Yeatman

CERTIFICATE OF DEATH

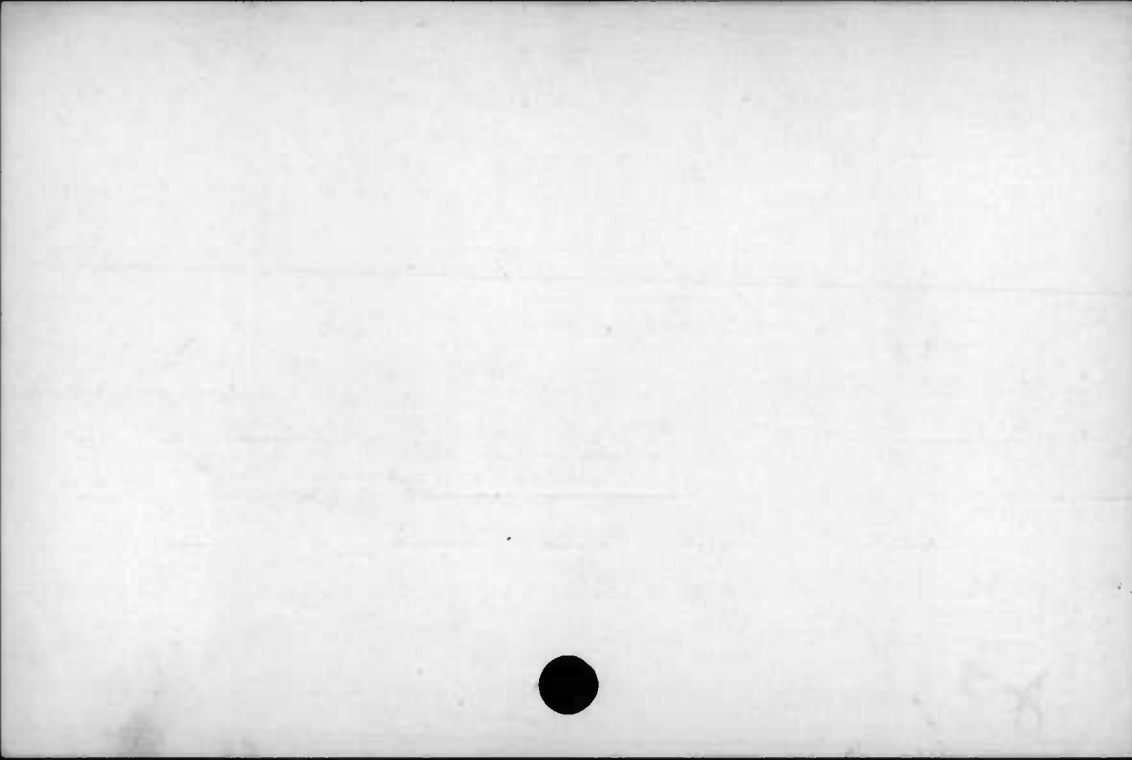
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lauraville</u> <small>Town</small>		<u>Basto-</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>5</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Lauraville</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Millard W Yeatman</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Clara E Billingsley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Millard W Yeatman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Meningitis</u>	How long	<u>10 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>61</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thy. D. Leorse</u>	
<u>8</u>		Address <u>Gardenville</u>	
Accident or Suicide?		<u>MD.</u>	



Name
in
Full

Laura May Yeatman

CERTIFICATE OF DEATH

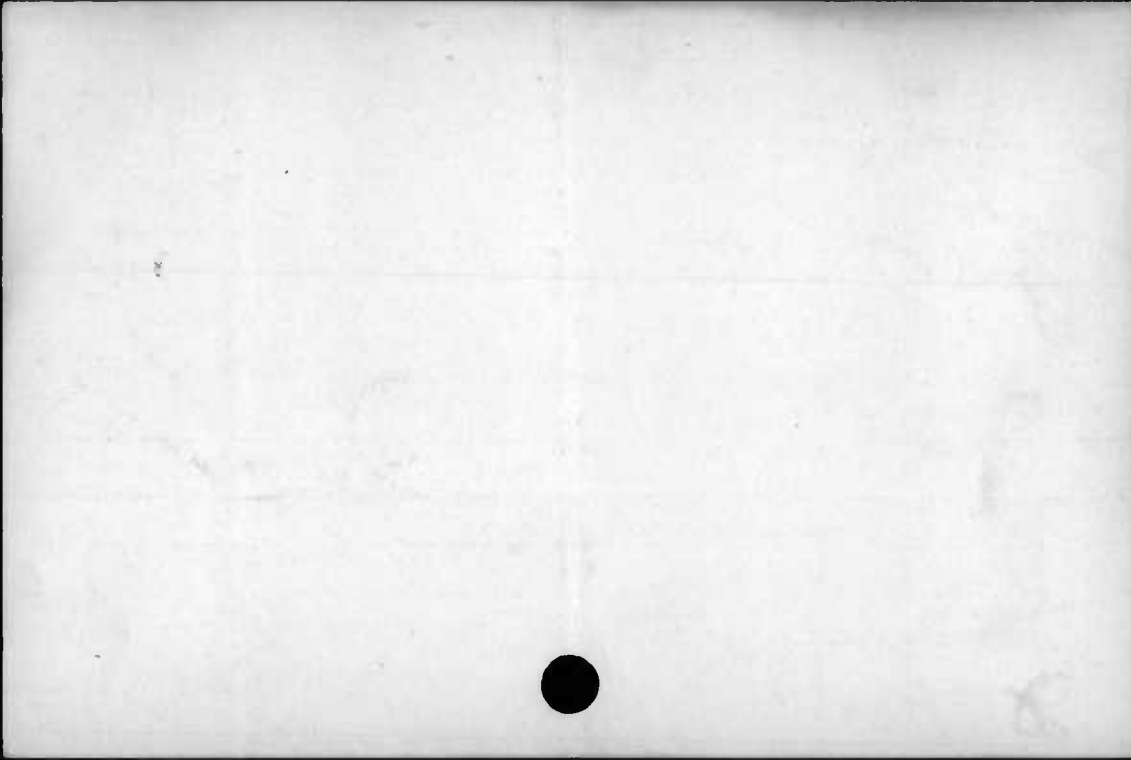
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Helena</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND		
Date of death	<i>1907</i>	Month <i>Jan.</i>	Day <i>24TH</i>	Age <i>3</i>	<i>6</i> Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <i>G. M. Yeatman</i>		Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Mary Penrose</i>		Mother's Birthplace <i>N. J.</i>				
Name of person giving information <i>G. M. Yeatman</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Lobar Pneumonia</i>	How long <i>7 days</i>
Immediate <i>exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. C. McLaughlin MD</i>
<i>8</i> Accident or Suicide? <i>no.</i>	Address <i>Sparrow Point Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John William Zapp.

Died at ^{Town} Dorchester Heights - ^{County} Baltimore

MARYLAND

Date of death 1907 Jan. 2 Age 45 Months 2 Days -

Sex Male Color or Race White - Birth-place Baltimore

Occupation Laborer Where Residing if not at place of death Dorchester Heights -

Married, Single or Widowed -

Name of Wife or Husband -

Father's Name Jacob Zapp. Father's Birthplace Germany

Mother's Maiden Name Wilhelmina Bochim Mother's Birthplace Germany

Name of person giving information Elizabeth Whaley How related to deceased Sister

CAUSES OF DEATH

Primary Cerebro-spinal Meningitis How long

Immediate Convulsions And Exhaustion - How long 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Frank H. Rubel

Address Landover Md.

Accident or Suicide?

3. Shawan & Sons
Western

Name
in
Full

Charles W. Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cantons</i> <small>Town</small>		<i>Bolts</i> <small>County</small>		MARYLAND			
Date of death	<i>1907</i> <small>Month</small>	<i>Jan.</i> <small>Day</small>	<i>22.</i> <small>Age</small>	<i>8</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>30</i> <small>Days</small>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Henry Zimmerman</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name			<i>Amie Jaizer</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving information			<i>Amie Zimmerman</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. L. Burke M.D.</i>
<i>yes</i>		Address	<i>3042 Hudson St Baltimore Md</i>
Accident or Suicide?			

Int. b armel benty

Zirkler J Zirkler

1739 E. Eager

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rosedale

Town

Baltimore County

MARYLAND

Date

of death 190

7 Jan

Month

26 Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

accident

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Big being run over by a train
of cars on the B. & O. railroadJohn Gettrick, M.D.
Rosedale Md.

Accident or Suicide?

